**Please COMPLETE and email this form to:** [**cinsw-screeningandpreventiondata@health.nsw.gov.au**](mailto:cinsw-screeningandpreventiondata@health.nsw.gov.au)

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| **NOTES ON DATA AVAILABILITY:** |
| * Data is available from February 2016 onwards * Your data may be subject to data suppression at the postcode level, any values under 5 will be suppressed |

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| **SECTION 1:** Requestor details | | |
| First Name: | Surname: | |
| Organisation: | Position: | |
| Address: | | |
| Suburb: | State: | Post Code: |
| Phone: | Email: | |
| Request Date: | Click here to enter a date. | |
| Preferred Due Date: | Click here to enter a date. | |
| Is the work outlined in this request part of an existing initiative? | If so please provide the Work Request ID of the existing initiative: | |
| Is there an ad-hoc request or will form part of an ongoing requirement | One-off/Ad-hoc  Ongoing – Please specify frequency: | |
| *Note: Data requests are provided on a “first come first served basis”. Requests are usually provided within 4-6 weeks but this is subject to change depending on request volume.* | | |

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| **SECTION 2:** Please state briefly the reason you require NSW Quitline data, including the business problem you are trying to address, how you plan to use or release this data. |
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| **SECTION 3:** Do you have ethics approval for your project? | |
| Yes – Approved (please attach submission & approval) | Pending Approval (please attach submission) |
| No – Ethics Approval yet to be submitted (please send copy once submitted/approved) | Ethics Approval not required |

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| **SECTION 4:** Do you intend to publish your project? | |
| Yes | No |
| Not applicable |  |
| If yes please provide an estimate of the publication date: Click here to enter a date. | |

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| SECTION 5: What type of data do you require? *Check the data required* | | | |
| Calls in |  | Outbound calls | |
| Referrals |  | Enrolments | |
| Other | Please attach list of required variables | |  |

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| **SECTION 6:** What is the time period required? *Select from the calendars below* | | | |
| From: Date | | | To: Date |
| Do you need the data grouped by: | | | |
| Month | Financial Year | Calendar Year | |
| Other: | | | |

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| **SECTION 7:** Do you require the data segmented/filtered by age? | | | | |
| From Enter minimum age | | | To: Enter maximum age | |
| Do you need the data grouped by? | | | | |
| 5 year age group | 10 year age group | | |  |
| Other: | |  | |  |
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| **SECTION 8:** Do you require the data segmented/filtered by a geographic variable? | |
| Please specify the LHDs/PHNs you require: Click here to enter text.  Do you need the data grouped by: | |
| Local Health District (LHD) | Primary Health Networks (PHN) |
| Other: | |

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| **SECTION 9:** Do you require data for the following demographic client groups? | |
| All clients  Aboriginal and Torres Strait Islander\* | Culturally and Linguistically Diverse (CALD) |
| Other:  \* Aboriginal and Torres Strait Islander data - depending on the purpose for using these data, the requestor may also need to apply to the Aboriginal Health and Medical Research Council Ethics Committee | |

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| **SECTION 10:** What are the dependencies and key considerations to be considered as part of this work request, if any? |
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| **SECTION 11:** Detailed requirements – Are there any other requirements for the request that need to be specified? |
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| **SECTION 12:** Conditions of release |
| I agree that this data, or analysis resulting from this data, will not be released publically without express written approval from the Cancer Institute NSW. Data custodian approval for provision of this data does not constitute approval for public release of the information provided, unless public release is declared in Section 4. |

Date

Requestor signature

NSW Quitline Data Custodian signature  Approved Date

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| **Work Request ID (Medibank use only):** |  |
| **HPRM Reference (CI NSW Office use only):** | Enter HPRM Reference Number |