**Please COMPLETE and email this form to:** **cinsw-screeningandpreventiondata@health.nsw.gov.au**

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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. |
| Request Due Date: | Click here to enter a date. |

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| **SECTION 2:** Please state briefly the reason you require Breast Screen NSW data, including how you plan to use or release this data |
| Will this project involve linkage to other data sources? [ ] Yes [ ] No |

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| **SECTION 3:** Do you have ethics approval for your research project? |
| [ ] Yes – Approved (please attach submission & approval)  | [ ] Pending Approval (please attach submission) |
| [ ] No  | [ ] Not Applicable |

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| **SECTION 4:** Do you intend to publish your research 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? *Select from the drop down menu* |
| Breast Screen Activity or Participation Data | Choose an item: |
| Breast Screen Cancer Data | Choose an item: |
| Breast Screen Unit Record Data | Please attach a list of required variables. |
| Breast Screen Mammography Image Data |  |
| Other Data: |  |

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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?  |
| [ ]  40-49, 50-69, 70-74, 75+ | [ ] 5 Year Age Group | Other:  |
| \* Please note that currently participation rate data can only be grouped as per Option 1. |

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| **SECTION 8:** Do you require the data segmented/filtered by a geographic variable? |
| Please specify the SAS/LHDs/LGAs you require: Click here to enter text.Do you need the data grouped by: |
| [ ]  Screening and Assessment Services (SAS) | [ ]  Local Health District (LHD)  |
| [ ]  Local Government Area (LGA) |  |
| 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 Ethics Committee |

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| **SECTION 10:** 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 publication of the information provided, unless this is declared in Section 4. |

 Date

 Requestors Signature

Data Custodian Signature [ ]  Approved Date

**TRIM Reference (Office use only):** Enter TRIM Reference Number