**CANcer Data LinkagE (CanDLe)**

**Controller Nomination Form**

Please submit Controller Nomination Form to the CanDLe secretariat CINSW-Candleprogram@health.nsw.gov.au.

1. **Lead Researcher**

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| --- |
| **Title / First Name / Surname**:       |
| **Email**:       |

1. **Data Environment**

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| **Where is or will the data stored?** SURE ☐ ERICA ☐ Which institution?  |

1. **Nominated Controller**

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| **Title / First Name / Surname**:       |
| **Academic qualifications:**       |
| **Institution** *(Please include Department/Faculty e.g. University of New South Wales, Medicine, Prince of Wales Clinical School):*        |
| **Site** *(Please name site where this person will conduct research and/or access data e.g. Concord Hospital, Sydney, NSW; Access to Data via SURE)*:        |
| **Position held at Institution**:       |
| **Email**:       |
| **ORCID id**:       |
| **NSW Health Employee Number** *(if applicable)*:       |
| **Is this person a new nomination?** Yes ☐ No ☐ |
| **Is this person replacing a previous Controller?** Yes ☐ No ☐ |
|  **If yes, please name the previous Controller:**       |

3.1 Please explain in detail how your previous experience and relevant training, qualifications and certifications to demonstrate your suitability in managing large health administrative linked datasets. *Details should include any training and experience with secure data workplaces and previous work with any of the datasets that are included in the CanDLe initiative. (*max 250 words)

Click or tap here to enter text.

3.2 Please explain in detail how as Data Controller you will adhere to the 5 Safes when handling the CanDLe data. *Please include how you will manage the CanDLe data within the secure data workspace.* (max 250 words)

Click or tap here to enter text.

3.3 Please describe any relevant roles that you have held in working with large health administrative linked datasets. (max 100 words)

Click or tap here to enter text.

1. **Controller Declaration**

*By signing below:*

[ ]  *I hereby declare that I have not previously breached the Code for Responsible Conduct of Research.*

[ ]  *I hereby declare that I have previously breached the Code for Responsible Conduct of Research and have implemented mitigation strategies to prevent them from recurring. Details will be provided to the CanDLe Secretariat.*

[ ]  *I confirm that I understand that I will be responsible for reviewing and approving all incoming and outgoing data flow and files on the secure data storage workspace.*

[ ]   *I confirm that I understand that I will be responsible for ensuring that any information entering the workspace complies with Ethics and Data Custodian approvals.*

[ ]   *I confirm that I understand that I will be responsible for the oversight and management of data including my research group’s secure data storage workspace.*

[ ]   *I hereby certify, that to the best of my knowledge, the information provided in this application is correct and that any changes will be immediately reported in writing to the CanDLe Secretariat.*

Name: Click here to enter text.

Position: Click here to enter text.

Date: Click here to enter a date.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*Electronic signature accepted.*