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| **For JCST use only** | |
| **DRF number:** | DRF XXXX |

# **JCST/ISCP/eLOGBOOK DATA REQUEST FORM (DRF)**

# Applicant information

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| --- | --- |
| Name: | Click or tap here to enter text. |
| Job title: | Click or tap here to enter text. |
| email address: | Click or tap here to enter text. |
| Name of applicant’s organisation: | Click or tap here to enter text. |
| Work address: | Click or tap here to enter text. |
| Date of application | Click or tap here to enter text. |

# Project information

1. **What type of project are you proposing to undertake?**

Research

Service Evaluation

Audit

Other Click or tap here to enter text.

*(Please note that if your request is for research purposes, you must provide ethics approval or confirmation from your local R&D Department or local Caldicott Guardian (at Trust level) if ethics approval is not necessary. Attach any relevant documentation (e.g. ethics application/study approval))*

Click or tap here to enter text.

1. **What is/are your research question(s)?**

*(Please try to define this in a* [*PICO*](https://en.wikipedia.org/wiki/PICO_process) *format where possible)*

Click or tap here to enter text.

1. **Please outline the background/ rationale for your proposed study:**

*(Word limit 250 words)*

Click or tap here to enter text.

1. **Please outline the proposed methods for your study:**

*(Include a description of the intended cohort (specialty, training stages, regions, time periods etc), data analysis and statistical plan to be used. Word limit 250 words)*

Click or tap here to enter text.

1. **Please outline the study goals and likely outcomes:**

*(Word limit 250 words)*

Click or tap here to enter text.

1. **What impact do you expect your study to have?**

*(Word limit 250 words)*

Click or tap here to enter text.

1. **Names, roles and input of further members of the study team and/or anyone who will access the data in the course of the project?**

|  |  |  |
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| Name and email address | Role | Reason to access data |
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1. **Do you have endorsement from a relevant Head of School of Surgery and/or Training Programme Director and/or Specialty Advisory Committee and/or Deanery/LETB?**

*(Please provide their names and roles.)*

Click or tap here to enter text.

1. **Outline your dissemination plan**

Click or tap here to enter text.

# Data details & protection

1. **Please describe your key variables of interest:**

*(If possible please provide a blank Excel spreadsheet showing the structure of the data requested as you would like it to be supplied)*

Click or tap here to enter text.

1. **What time period should the data cover?**

Click or tap here to enter text.

1. **How will you (a) secure the data, (b) protect anonymity, and (c) ensure appropriate data governance in your use of the data and final reporting?**

*(Please address (a), (b), and (c). Word limit 150 words)*

Click or tap here to enter text.

1. **Is this a single once only request for data or will you need repeated extractions of the same data?**

*(If**repeated extractions are required please specify the regularity and explain why)*

Click or tap here to enter text.

1. **What is the anticipated timeline for completion of the study?**

*(Word limit 150 words)*

Click or tap here to enter text.

1. **For how long will you be required to retain the data after completion of your study?**

*(Word limit 150 words)*

Click or tap here to enter text.

1. **Which institution and officer will oversee compliance with Data Protection and Information Security?**

*(Please give details of the institution and the local Data Protection Officer or equivalent who will oversee compliance to local standards and to the Data Sharing & Processing Agreement)*

Click or tap here to enter text.