A close up of a logo

Description automatically generated 

Data Access Request.

Place-based Longitudinal Data Resource.

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| Internal  01/02/2016  Version: 4.00  Review: 13/06/2022 |  |  |

**1. PRINCIPAL APPLICANT**

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| **Name** | **Employing Organisation** | **Address of organisation** | **Position in organisation** | **Tel. No.** | **Email** |
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**2. TITLE OF RESEARCH PROJECT**

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**3. RESEARCH TEAM**

**Details of each member of the team**

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| --- | --- | --- | --- | --- | --- |
| **Name** | **Employing Organisation** | **Address of organisation** | **Position in organisation** | **Tel. No.** | **Email** |
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**4. ORGANISATION (S) FUNDING THE ANALYSIS.**

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| **Name of organisation** | **Address of organisation** |
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**5. DATA ACCESS AND SECURITY.**

**5.1 Site of access**

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| **Name of organisation** | **Address of organisation** |
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**5.2 Title of the dataset(s) / indicators to which access is required**

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| **Catalogue number** | **Title of datasets** | **Risk level (PLDR use only)** |
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5.3. Secure use: please state measures in place to protect the technical and physical security and confidentiality of the microdata. (Refer to the ‘Microdata Handling and Security: Guide to Good Practice’ before proceeding: <http://www.data-archive.ac.uk/media/132701/UKDA171-SS-MicrodataHandling.pdf>)

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**5.4. Duration of access**

Period of access specified must not exceed 2 years

From dd/mm/yy

To dd/mm/yy

(If it is necessary to extend the period of access, application must be made to the PLDR prior to the expiry of the agreement)

**6.0 PURPOSE FOR ACCESS**

6.1. A brief summary of up to 200 words describing the aims of the study/research project

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6.2. A brief summary of up to 200 words describing active involvement of NHS or Local Authority organisations in the identification of research questions, plans for analysis and dissemination.

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6.3. A brief summary of up to 200 words outlining how members of the public are going to be involved in developing and informing the analysis and applying findings from the research.

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6.3. A justification as to why access to any special conditions / controlled versions of the data is needed and why data available at a lower level of restriction could not be used.

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6.4. A description of the analyses that will be performed on the data.

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6.5. Data linkage - provide details and purpose of any data linkage required or planned (Only area-level descriptors or other group-level classifications may be matched for analysis purposes.)

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**7.. PRODUCTS and PUBLICATIONS**

7.1. Protection of confidentiality in outputs

Describe the methods you will use to determine whether outputs are disclosive and the measures you will use to protect confidentiality. [ONS standards are to be applied to outputs. Access the link for details:

<http://www.ons.gov.uk/ons/guide-method/best-practice/disclosure-control-policy-for-tables/index.html>]

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**7.2.**  **Intended outputs / publications** arising from the use of these data

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Please return this form to the following address: [info@pldr.org](mailto:info@pldr.org)

**For PLDR use only.**

**Risk Assessment.**

Does the proposed linking of the data at the area level change the threat level associated with the aggregate indicators and therefore whether a higher level of aggregation is needed or whether further statistical disclosure needs to be applied?

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The risk Level of the proposal. (if the risk level of any of the requested indicators is high the risk level of the proposal is high. If the proposed linkage at the area level increases the risk level of any indicator to high, further disclosure control must be applied and the risk level of the proposal is high).

Person carrying out risk assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of risk assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_

**For PLDR approval panel use only.**

Please select one of the following responses:

|  |  |
| --- | --- |
| Application approved |  |
| Application approved subject to agreed actions |  |
| Further information required |  |
| Rejected with reasons |  |

Please provide any additional information:

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PLDR approval panel member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of signature: \_\_\_\_\_\_\_\_\_\_\_\_\_