**Marie Curie Research Data Protection Form**

(Please complete all relevant sections)



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| --- | --- | --- | --- | --- |
| Project Details: | | | | |
| Project Title: |  | | | |
| Project Type: |  | | | |
| Academic Study: |  | Qualification: | |  |
| Start Date: |  | End Date: | |  |
| Sponsor: |  | | | |
| Research Site(s): |  | | | |
|  | Chief Investigator: | | Principal Investigator/  Local Collaborator: | |
| Name: |  | |  | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Storage and Personal Data Use During Study | | | | | | | | | | | | | |
| Will you be collecting data on: (*please tick*) | | | Patients: |  | Carers: | |  | | Staff: |  | Volunteers: | |  |
| 1. Will you be undertaking any of the following activities at any stage (including in the identification of potential participants)? (*Tick as appropriate*) | | | | | | | | | | | | | |
|  | Access to medical records by those outside the direct healthcare team: | | | | |  |  | *Storage of personal data on*  *any of the following:* | | | | | |
|  | Electronic transfer by magnetic or optical media, email or computer networks: | | | | |  |
|  | Sharing of personal data with other organisations: | | | | |  |  | Manual files including X−rays: | | | |  |  |
|  | Export of personal data outside the EEA: | | | | |  |  | Marie Curie computers: | | | |  |  |
|  | Use of personal addresses, postcodes, faxes, emails or telephone numbers: | | | | |  |  | Home or personal computers: | | | |  |  |
|  | Publication of direct quotations from respondents: | | | | |  |  | University computers: | | | |  |  |
|  | Publication of data that might allow identification of individuals: | | | | |  |  | Private company computers: | | | |  |  |
|  | Use of audio/visual recording devices: | | | | |  |  | Laptop computers: | | | |  |  |
| Further Details: | |  | | | | | | | | | | | |
| **How will potential participants be identified and by whom?** | | | | | | | | | | | | | |
| **Who will make the first approach to potential participants?** | | | | | | | | | | | | | |
| **What data fields will be collected?** | | | | | | | | | | | | | |
| **At what point will data cease to be identifiable and, if data will be anonymised, or linked anonymised, how will this be achieved and who will hold the linking codes?** | | | | | | | | | | | | | |
| **How and with whom will personal identifiable data be shared specifying whether data will be anonymised/pseudoanonymised or fully identifiable. Where it is necessary to transfer personal identifiable data to another organisation it should be clear how this will be achieved. (email OneDrive, SharePoint, MS teams etc)** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Describe the physical security for the storage of data.** | | | | | | | | | | | | | |
| **Where will the data generated by the study be analysed and by whom?** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Who will have control of and act as the custodian for the data generated by the study?** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **How long will personal data be stored or accessed after the study has ended?** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Please give details of the long term arrangements for storage of research data after the study has ended:** | | | | | | | | | | | | | |
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| Investigator Declaration:  *“By signing this form I confirm that all information stated is accurate”* | | | | | | | | | | | | | |
| Signature: | | |  | | | | | | | | | | |
| Print Name: | | |  | | | | | | | | | | |
| Date: | | |  | | | | | | | | | | |
| Authorised by Marie Curie Research Governance Manager/Research Lead: | | | | | | | | | | | | | |
| Signature: | | |  | | | | | | | | | | |
| Print Name: | | |  | | | | | | | | | | |
| Date: | | |  | | | | | | | | | | |