



**Million Women Study**

**Data Access Application Form**

*The application should be submitted electronically by email to* *mws.access@ndph.ox.ac.uk*

**PROJECT TITLE**

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**APPLICANT PRINCIPAL INVESTIGATOR** *(Please attach CV)*

|  |  |
| --- | --- |
| **Title** |  |
| **Name** |  |
| **Job title** |  |
| **Address** |  |
| **Telephone Number** |  |
| **Email Address** |  |

**INSTITUTION**

|  |  |
| --- | --- |
| **Research Department** |  |
| **Address** |  |
| **Telephone Number** |  |
| **Email Address** |  |
| **Website** |  |

**COLLABORATORS** *(Please provide details of all collaborators)*

|  |  |
| --- | --- |
| **Name(s)** | **Institution address(es)** |
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**PROJECT DETAILS**

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| **Please provide a lay summary, suitable for publication by MWS if data provided (250 words max)** |
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**PROJECT DETAILS (Continued)**

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| **Please provide a scientific abstract, suitable for publication by MWS if data provided (250 words max)** |
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**SCIENTIFIC RATIONALE OF PROJECT**

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| **Please give protocol for the study including background/hypothesis/objectives/design and methods/power calculations (maximum 2 pages and 10 references)** |
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**DATA REQUIRED**

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| **Please specify data required** |
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**INFORMATION SECURITY ASSURANCE**

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| **To provide assurance that good Information Governance practices are being maintained, please tick appropriate boxes below and provide details of information security standards in the institution where data would be stored***. (Internet links to documents on web pages are acceptable).*  |
| ☐ ☐☐ | Meets or exceeds the NHS Information Governance Toolkit standards required for its organisation type, where applicable Please provide organisation code and score:Is Certified against international security standard ISO 27002Please provide certification details:Has other assurance in place Please provide details: |

**TIMETABLE**

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| **Please outline timescale for the project** |
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**FUNDING**

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| **Has funding been confirmed for this work?** |
| ☐ YES☐ NOIf yes, please provide details of the source of funding: |

**ETHICAL REVIEW**

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| **Please indicate whether the relevant ethics committee has been consulted** |
| ☐ YES – please supply a copy of the ethics committee approval letter(s) and the associated project/study protocol☐ NO - please explain the reasons: |

**INFORMATION GOVERNANCE REVIEW**

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| **Please indicate whether permission to use linked health data has been obtained**  |
| Office for National Statistics (eg data on deaths)☐ YES – please supply details☐ NO ☐ Not appropriateDetails:Health and Social Care Information Centre (eg cancer registrations, hospital admissions)☐ YES – please supply details☐ NO ☐ Not appropriateDetails:Other sources☐ YES – please supply details☐ NO ☐ Not appropriateDetails: |

**PEER REVIEW**

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| **Please provide details of actual, or proposed, peer review** |
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**PUBLISHING**

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| **Is there any reason why MWS should not publish the outline proposal if accepted?** |
| ☐ YES – please explain the reason:☐ NO  |

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**We reserve the right to send this application for independent peer review, if appropriate.**