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**Million Women Study**

**Data Access Application Form**

***Before******filling out this form please refer to the******Million Women Study data access policy on the*** [***data access and sharing page***](https://www.ceu.ox.ac.uk/research/mw/data-access-and-sharing) ***for available data. Details of fees to cover the costs of obtaining data are also on this page.******Applications will only be put forward for review after submission of a fully completed application form.***

*The application should be submitted by email to* [*mws.access@ndph.ox.ac.uk*](file:///C:\Users\sarahat\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\F5DHVOL5\mws.access@ndph.ox.ac.uk)

**APPLICATION TYPE**

MWS Staff/students

Internal University collaboration

External Applicant

**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 in your project)*

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

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| **Please provide a lay summary, suitable for publication if your application is approved (250 words max)** |
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**SCIENTIFIC RATIONALE**

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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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| Applicants should download a copy of the **data dictionary** (excel file) which is on the [data access and sharing pag](https://www.ceu.ox.ac.uk/research/mw/data-access-and-sharing)e and highlight each variable required. Please note that a justification for each variable is needed on the excel file.  *[For MWS staff/students only, please use the intranet for variable fields, copy to an excel sheet and provide relevant justifications]*  Data dictionary attached?  ☐ YES  ☐ NO |
| **Please state the baseline study population**  ☐ Recruitment  ☐ 3year re-survey  ☐ Other – (please describe) |
| **Please state the exact ICD-9 and ICD-10 codes required for outcomes:** |

**INFORMATION SECURITY ASSURANCE (external applicants only)**

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| --- | --- |
| In order to share Million Women Study data, we require the institution where data would be stored to have one of the following formal data security policies and procedures:  *(Please tick appropriate boxes below and provide details. Internet links to documents on web pages are acceptable).* | |
| ☐  ☐  ☐ | NHS Digital Data Security and Protection Toolkit Registration  Please provide organisation code and score:  ISO 27001 Certification  Please provide certification details:  A documented institutional System Level Security Policy (SLSP) detailing all data security procedures within the Requestor’s organisation. This must be a recently reviewed policy and be signed off by the Requestor’s organisation.  Please provide details: |

**TIMETABLE**

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| --- | --- |
| **Please outline timescale for the project** | |
|  | |
| **Duration of project** |  |

**FUNDING**

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| **Has funding been confirmed for this work?** |
| ☐ YES - please provide details  ☐ NO |

**ETHICAL REVIEW**

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| **If appropriate, please confirm that relevant ethics approval has been sought.** |
| ☐ YES – give details  ☐ NO – no ethics approval is required |

**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 |

Signature:

Date:

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

***Please note that a fee will be charged to cover the cost of obtaining the requested data.***