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| **NHS Business Services Authority** |
| Data for Research Application Form |
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| This form is designed to be used by academic institutions and other bodies to request access to data held by the NHSBSA for research purposes. |
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| **NHSBSA Insight** |
| **31 May 2023** |
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# NHS BSA Data for Research Application Form

Prior to making a request, please ensure you have checked our online publications and those held by other public sector bodies such as NHS Digital or the Office of National Statistics to ensure the data you require is not already available.

A non-refundable assessment fee will apply for each submitted research data application. We aim to respond to each assessment within 6 to 8 weeks.

Please read through this document thoroughly and ensure you have completed all fields as required before submitting this application for assessment. Failure to do so could create a delay in the assessment process or result in your application being rejected.

Please complete the white boxes and mark NA where not applicable.

Please see the Appendices for an application process map and a checklist which may help you during the process.

If at any time you need to check specific details with the NHSBSA, please do not hesitate to contact us for an informal discussion on your application.

**Once completed please return this form to:**

[dataservicessupport@nhsbsa.nhs.uk](mailto:dataservicessupport@nhsbsa.nhs.uk)

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| **NHS Business Services Financial Information** | |
| **With your application you must include details to allow the NHSBSA to raise an invoice for the payment of the initial assessment fee.** | |
| **Initial assessment fee** | £898.00 |
| **If you are an NHS Organisation applying for this data then VAT may not apply. If not, then you must add VAT to the initial assessment fee.** | |
| **Purchase Order No.** |  |
| **Invoice Contact Name** |  |
| **Invoice Contact Telephone Number** |  |
| **Invoice Contact Email Address** |  |
| **Invoicing Address** | |
| **Company Name** |  |
| **Address Line 1** |  |
| **Address Line 2** |  |
| **Address Line 3** |  |
| **Address Line 4** |  |
| **Postcode** |  |

**To ensure the swift review of your application, ensure you provide remittance advice to:**

[dataservicessupport@nhsbsa.nhs.uk](mailto:dataservicessupport@nhsbsa.nhs.uk)

[nhsbsa.accountsreceivable@nhs.net](mailto:nhsbsa.accountsreceivable@nhs.net)

**If you have any queries about the status of your payment, please let us know at:**

[dataservicessupport@nhsbsa.nhs.uk](mailto:dataservicessupport@nhsbsa.nhs.uk)

[nhsbsa.accountsreceivable@nhs.net](mailto:nhsbsa.accountsreceivable@nhs.net)

**Once completed please return this form to:**

[dataservicessupport@nhsbsa.nhs.uk](mailto:dataservicessupport@nhsbsa.nhs.uk)

**Your application will be reviewed by the NHSBSA Research Committee and you should receive a response within 6-8 weeks.** Incomplete forms will be returned to sender and will delay the application process.

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| **Please complete the below in full** | |
| Data request title or reference Please contact  [dataservicessupport@nhsbsa.nhs.uk](mailto:dataservicessupport@nhsbsa.nhs.uk)  for a research reference number and enter it here. | Click here to enter text. |
| Request date | Click here to enter a date. |
| **Your details** (who is completing this form) | |
| Full name | Click here to enter text. |
| Address | Click here to enter text. |
|  | Click here to enter text. |
|  | Click here to enter text. |
|  | Click here to enter text. |
| Postcode | Click here to enter text. |
| Email address | Click here to enter text. |
| Telephone number | Click here to enter text. |
| **Your Academic Institution** (if you are requesting on behalf of an organisation) | |
| Academic institution name | Click here to enter text. |
| Academic institution address | Click here to enter text. |
|  | Click here to enter text. |
|  | Click here to enter text. |
|  | Click here to enter text. |
| Postcode | Click here to enter text. |

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| **Study information** | |
| Title of the study Provide the title of the study / research for which the data is requested below: | |
| Click here to enter text. | |
| Purpose of the study Please mark all applicable boxes | Publication in peer reviewed journal  Presentation at scientific conference  Presentation at company / institutional meetings  Regulatory purposes  Other, please specify below: |
| Click here to enter text. |
| Benefits overview Please write in the space below. Be as specific and detailed as possible. | |
| Click here to enter text. | |
| Commercial and funding Is the application in any way commercial? If so, then clearly demonstrate how this benefits the health and social care system. If external funding is provided, this application must show whether the funding organisations receive any outputs and if any of those outputs will be used commercially. Please enter below. | |
| Click here to enter text. | |
| Conflict of interest statement Please upload a copy of the conflict of interest (CoI) statement that you intend to include in any publication which might result from this work. | |
| Click here to enter text. | |
| Protocol for the study Please upload the protocol information for the study. | |
| Click here to enter text. | |
| Publishing Provide the locations, expected dates and intended audience details. | |
| Click here to enter text. | |

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| **Data information** | |
| Data required Describe the cohort of data required and if applicable, the data sets from which the data will be derived. | Dental Data Set  Prescription Data Set  Other, please specify below: |
| Click here to enter text. |
| Patient or GP/Dentist contact Does this study require any contact with patients, general practitioners or dentists? | Yes  No |
| If YES, outline the required contact and interactions (e.g., a survey) and if applicable, what other data will be collected below. | |
| Click here to enter text. | |
| Upload a copy of any communication material you will be using for contact purposes. | |
| Click here to enter text. | |
| **Date this data is required by:** | |
| Click here to enter a date. | |
| Classification of data requestedIndicated the level of data requested | Aggregated – no small number suppression  Aggregated – with small number suppression  Non-sensitive data  Potentially identifiable data  Patient identifiable data  Anonymised data  Pseudonymised data  Other, please specify below: |
| Click here to enter text. |

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| Patient identifiable data (PID) If this study requires patient identifiable information, describe in full the reasoning for this request below. Include how the data will help the study and how not having the data will impede the study. | |
| Click here to enter text. | |
| Legal basisPresent your legal basis for requesting patient identifiable data. Check all that apply. | Legal powers  Section 251  Patient consent  Care Act 2014 requirement section 122  Other, please specify below: |
| Click here to enter text. |
| Upload the evidence/documents that back up your legal bases. These must include a copy of the research project DPIA and system security policy if you are requesting patient/sensitive data. | |
| Click here to enter text. | |
| Frequency Indicate how often this data will be required. | One-off  Periodic – monthly  Periodic – quarterly  Periodic – annually  Ad hoc – irregular dissemination  Continuous  Other, please specify below: |
| Click here to enter text. |
| Linked data requirement Does this study include links with other data sets? | Yes  No |
| If **YES**, outline the purpose of the required data link(s) below: | |
| Click here to enter text. | |

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| Does the applicant and/or anyone associated with this study have access to other linked data sets? | | | Yes  No | | |
| If **YES**, provide further details including a description of the data sets, any patient identifiable data, the sources and/or methods of data collection and how they are used with the requested data below: | | | | | |
| **Dataset** | **Classification of data** | **Data set period** | | **Data minimisation efforts** | **Legal basis for dissemination** |
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| **Usage specification** | |
| **Confirm the end use of this data** | Research  Surveillance  Service Evaluation  Clinical Audit  Other, please specify below: |
| Click here to enter text. |
| **Format requirements**  All data issued will be encrypted where possible | |
| Supply an electronic extract in the following format: | Excel  CSV  ASCII  Other, please specify below: |
| Click here to enter text. |
| Send to applicant’s email an electronic extract in the following format: | Excel  CSV  ASCII  Other, please specify below: |
| Click here to enter text. |
| Send via SFTP to an agreed location | Include full details including locations and encryption requirements. |
| Commission the appropriate data custodian to extract the relevant data and to perform the analyses |  |
| Other | Please specify. |

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| **Planned data retention period** | |
| Click here to enter text. | |
| **Reasoning for retention period** | |
| Click here to enter text. | |
| **Processing locations** | |
| England  UK  EEA  Other | Organisation Name |
| Address |
| Country |
| England  UK  EEA  Other | Organisation Name |
| Address |
| Country |
| England  UK  EEA  Other | Organisation Name |
| Address |
| Country |
| **Storage locations** | |
| England  UK  EEA  Other | Organisation Name |
| Address |
| Country |
| England  UK  EEA  Other | Organisation Name |
| Address |
| Country |
| England  UK  EEA  Other | Organisation Name |
| Address |
| Country |

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| **Locations of data use** | |
| England  UK  EEA  Other | Organisation Name |
| Address |
| Country |
| England  UK  EEA  Other | Organisation Name |
| Address |
| Country |
| England  UK  EEA  Other | Organisation Name |
| Address |
| Country |
| **Processing activities**  State how you will be working with the required data, for example, what are you going to be doing to the data when turning it from the supplied data to the output(s)?    You need to mention if there will be any linkage with other datasets, or if there are any hypotheses that will be tested.  If data will be stored, processed or in any other way accessible by a third-party organisation or across multiple locations within the same organisation, provide details and explain why this is necessary. | |
| Click here to enter text. | |
| **Click below to attach a data flow diagram setting out how the data will be transferred between each organisation. Include the changes each organisation will make to the data where possible.** | |
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| **The applicant (if different from Page 3) & requesting organisation** | | |
| **Applicants title** | | Click here to enter text. |
| **Applicants full name** | | Click here to enter text. |
| **Job title** | | Click here to enter text. |
| **Applicants organisation name** | | Click here to enter text. |
| **Address Line 1** | | Click here to enter text. |
| **Address Line 2** | | Click here to enter text. |
| **Address Line 3** | | Click here to enter text. |
| **Address Line 4** | | Click here to enter text. |
| **Postcode** | | Click here to enter text. |
| **Applicants telephone number(s)** | | Click here to enter text. |
| **Applicants email address** | | Click here to enter text. |
| **Requesting organisation**  Is the address which the organisation is registered at in the UK, the same as the work address provided for the applicant? | | Yes  No |
| If **NO**, provide the main office address in the UK: | | |
| **Organisation name** | Click here to enter text. | |
| **Address Line 1** | Click here to enter text. | |
| **Address Line 2** | Click here to enter text. | |
| **Address Line 3** | Click here to enter text. | |
| **Address Line 4** | Click here to enter text. | |
| **Postcode** | Click here to enter text. | |
| **Organisation type** | NHS or CQC-registered health and/or social care provider  Local authority  Other health and/or social care system public body  Government agency/department outside of health and social care  Academic institution  Research service provider  Research funder  Individual Citizen(s)  Commercial / industry, e.g., pharmaceutical  Other, please specify below: | |
| Click here to enter text. | |
| **Organisation website URL** | | |
| Click here to enter text. | | |
| **Funding organisation name**  Provide the full name of the organisation that will be providing financial sponsorship | | |
| Click here to enter text. | | |
| **Funding organisation type** | NHS or CQC-registered health and/or social care provider  Local authority  Other health and/or social care system public body  Government agency/department outside of health and social care  Academic institution  Research service provider  Research funder  Charity or organisation from tertiary/voluntary sector  Individual Citizen(s)  Commercial / industry, e.g., pharmaceutical  Other, please specify below: | |
| Click here to enter text. | |
| **Website URL** | | |
| Click here to enter text. | | |
| **Funding programme details**  Outline the funding programme under which the financial sponsorship will be provided | | |
| Click here to enter text. | | |
| **Year of submission / award** | | |
| Click here to enter text. | | |
| **Funding applicant or partner** | | |
| Click here to enter text. | | |
| **Financial sponsorship** | | |
| Click here to enter text. | | |

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| **Governance** | |
| **Protocol review**  Has this protocol / study been peer reviewed by another Committee? (e.g., grant award or ethics committee. | Yes  No |
| If **YES, please provide:** | |
| **The reviewing committee name(s)** | |
| Click here to enter text. | |
| **A brief outline of the review process(es)** | |
| Click here to enter text. | |
| **The outcome/findings** | |
| Click here to enter text. | |
| **Security arrangement**  Confirm for each organisation involved, the arrangements that are in place to assure the data will be managed securely. | |
| **Organisation name** |  |
| Click here to enter text. | Data Security & Protection Toolkit  ISO 27001  Other, please specify below: |
| Click here to enter text. |
| Click here to enter text. | Data Security & Protection Toolkit  ISO 27001  Other, please specify below: |
| Click here to enter text. |
| Click here to enter text. | Data Security & Protection Toolkit  ISO 27001  Other, please specify below: |
| Click here to enter text. |
| **Upload any proof / evidence of the above arrangements where available.** | |
| Click here to enter text. | |

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| **Data Protection Act (DPA)** | | | |
| **For each organisation named in this document please complete the below:** | | | |
| **DPA Organisation name** | **DPA Registration No.** | **Expiry Date** | **Data activities recorded on DPA** |
| Click here to enter text. | Click here to enter text. | Click here to enter a date. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter a date. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter a date. | Click here to enter text. |

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| **Appendix 1** |
| **Process Map** |

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| **Appendix 2** | |
| **Checklist** | |
|  | **Reference Number Requested & Provided** |
|  | **Discuss with NHSBSA to identify any areas of uncertainty and confirm** |
|  | **Conflict of Interest documentation attached** |
|  | **Study Protocol attached** |
|  | **Communication materials attached** |
|  | **Legal Basis evidential documentation attached** |
|  | **Data flow diagram attached** |
|  | **Proof of Security Arrangements attached** |
|  | **Purchase Order Raised** |
|  | **Application form completed in full** |
|  | **Submit application form** |
|  | **Advise NHSBSA of remittance advice** |