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|  |
| 1. **From which Commonwealth agency/agencies will the personal information be sought?**
 |
|       |
|  |
| 1. **What type(s) of personal information will be sought from the Commonwealth agency/agencies** *i.e. d.o.b, address, email address, photograph***?**
 |
|       |
|  |
| 1. **How many items of each type of information will be sought? sought** *i.e. expected participant numbers x personal information type?*
 |
|       |
|  |
| 1. **Will sensitive information[[1]](#footnote-1) to be used?**
 |
| **[ ]  Yes** | If yes, please provide a justification for why it is necessary.  |
| **[ ]  No** |  |
| 1. **Why is it necessary to obtain identified or potentially identifiable information rather than de-identified information?**
 |
|       |
|  |
| 1. **Why is it impracticable to obtain consent from the participants for the use, collection or disclosure of their personal information?**
 |
|       |
|  |
| 1. **Which APP(s) would likely to be breached if the S95 guidelines were not applied?**

(refer to <https://www.oaic.gov.au/individuals/privacy-fact-sheets/general/privacy-fact-sheet-17-australian-privacy-principles> for a list of the APPs) |
| [ ]  APP 6 | [ ] Other – Please specify:       |
|  |
| 1. **Why does the public interest in the proposed research outweigh the public interest in adhering to the APP(s)?**
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|  |
| 1. **How will the personal information be used or disclosed during the study?**
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|  |

**HUMAN RESEARCH ETHICS COMMITTEE**

**of NT Health and Menzies School of Health Research**

Please complete this form when the s95 privacy guidelines apply to your research

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|  |
| 1. **How will the personal information be analysed?**
 | **[ ] Not applicable** |
|       |
|  |
| 1. **What is the proposed start and end date of the study period?**
 |
|  |
|  |
| 1. **Who is the target population for the proposed study?**
 |
| 1. **What is the proposed method of publication of the results of the research?**
 |
| **[ ]** *I acknowledge that any health information[[2]](#footnote-2) to be used or disclosed will not be published unless in de-identified form.* |
|  |
| 1. **Please list:**
 |
| 1. **The custodian(s) of the personal information:**
 |
|  |
| 1. **All personnel who will have access to the personal information, including their credentials and technical competencies:**
 |
|  |
|  |
| 1. **How long will the personal information be retained?**
 |
|  |
|  |
| 1. **What security standards will be applied to protect the personal information?**
 |
|  |
|  |
| 1. **Will the personal information be made available to other researchers or third parties?**
 |
| **[ ] Yes** | If yes, how will the privacy of the personal information be protected?  |
|  |       |
| **[ ] No** |  |

|  |
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|  |
| 1. **How will the personal information be disposed of on completion of the research?**
 |
|  |
|  |
| 1. **Is there a disclosure agreement between the Commonwealth agency/agencies and the researcher(s) seeking the personal information to govern limits on use and disclosure?**
 |
| **[ ] Yes** | If yes, please list the terms of the disclosure agreement. |
|  |       |
| **[ ] No** |  |
| Will the data be sent overseas for the purposes of the research project? |
| **[ ] Yes** | If yes, provide the names of the countries to which it is proposed the data will be sent and how the research project will comply with APP 8.       |
| **[ ] No** |  |

1. Please refer to section 6 of the Privacy Actdefinition of “sensitive information” [↑](#footnote-ref-1)
2. 2 Please refer to section 6 of the Privacy Actdefinition of “health information” [↑](#footnote-ref-2)