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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)?** | | |
|  | | |
|  | | |
| 1. **How will the personal information be used or disclosed during the study?** | | |
|  | | |

**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| *I acknowledge that any health information[[2]](#footnote-2) to be used or disclosed will not be published unless in de-identified form.* | | |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)