

# Data access and research requests

## Checklist and application form

### Aim

Any proposal for using, disclosing or providing access to data held by the National Boards and/or AHPRA or for involvement by the National Boards and/or AHPRA in research, whether as a formal partner, sponsor, funder or participant will need to comply with the requirements of the National Law, including the privacy protections applicable to personal information and other relevant legislative provisions<sup>1</sup>.

### Guidance

Data access and research requests are to be made in compliance with the Data Access and Research Request Policy (the Policy) Applicants are required to complete an initial checklist to help clarify if the detailed application process applies to them, or whether they do not fall within the scope of the policy. A more detailed application form may then require completion.

### Fees

All applications require careful consideration. The payment of the administration fee does not guarantee that the application will be approved.

### Closing date

Application closing dates are published on the website [www.ahpra.gov.au](http://www.ahpra.gov.au). Late applications will not be considered until the next quarterly application date, as published. Incomplete applications or applications which do not meet the Policy may not be accepted.

Please complete this application form and submit it (with any related attachments) to the Data Access and Research Committee Secretariat via [darc@ahpra.gov.au](mailto:darc@ahpra.gov.au) or by post to AHPRA, GPO Box 9958, Melbourne VIC, 3001.

<sup>1</sup>Health Practitioner Regulation National Law as in force in each State and Territory (the National Law) and/or *Privacy Act 1988* (Cth) (see [www.ahpra.gov.au](http://www.ahpra.gov.au)).

Applicants are invited to complete this checklist to assess if the application form applies to them or whether their request does not fall within the scope of the *Data Access and Research Policy* ([www.ahpra.gov.au](http://www.ahpra.gov.au)).

### Self assessment checklist

#### 1. Is your request a media query?

- YES > Please call 1300 419 495 (within Australia) or from outside Australia +61 3 8708 9001
- NO

#### 2. Do you have a freedom of information request? e.g. Is the information that you seek about you or of a personal nature (as opposed to data)

- YES > Please see the Freedom of Information policy and application process available at [www.ahpra.gov.au/About-AHPRA/Freedom-of-Information](http://www.ahpra.gov.au/About-AHPRA/Freedom-of-Information).
- NO

#### 3. Are you requesting a copy of the National Register?

- YES > The National Law provides that AHPRA may give an extract from the register or a copy of the register on payment of the relevant fee unless it considers it appropriate in the circumstances to waive the fee in whole or in part. The National Boards have set a fee of \$2,000 plus GST for a copy of the National Register. Please see more information via the Data Access and Research Policy. Please contact [darc@ahpra.gov.au](mailto:darc@ahpra.gov.au) to discuss.
- NO

#### 4. Do you require standard statistical information on health practitioner registration?

- YES > Please see the National Boards' websites where data profiling registered health professions is published (eg. practitioner by state/territory by registration type, gender, endorsement etc). The AHPRA annual report includes summaries on registrations, criminal history checks, notifications and so forth.
- NO

#### 5. Are you requesting information in relation to the National Health Workforce Dataset and/or National Health Workforce Statistical Resource?

- YES > Please contact Health Workforce Australia [www.hwa.gov.au](http://www.hwa.gov.au) and/or the Australian Institute of Health and Welfare [www.aihw.gov.au](http://www.aihw.gov.au).
- NO

#### 6. Are you requiring the establishment of a formal de-identified data exchange arrangement?

- YES > Please contact [darc@ahpra.gov.au](mailto:darc@ahpra.gov.au) to discuss.
- NO

**7. Does your request relate to notification matters/complaints affecting NSW practitioners?**

- YES > Data can also be held by the NSW Health Professional Councils and a separate application may need to be made to the relevant NSW Council. [www.hpca.nsw.gov.au](http://www.hpca.nsw.gov.au).
- NO

**8. Is your request for disclosure of information to other Commonwealth, State or Territory entities pursuant to section 219 of the National Law?**

- YES > Please **contact [darc@ahpra.gov.au](mailto:darc@ahpra.gov.au)** to discuss.
- NO

If you have ticked "no" to any of the above questions please continue to specify if your request is:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| <b>9. to contact practitioners to participate in research</b>   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <b>10. to circulate information to practitioners via a National Board's newsletter or communiqué, if approved by the relevant National Board(s)</b> | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <b>11. for a National Board(s) and/or AHPRA to support, endorse, sponsor, fund or otherwise collaborate</b>   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <b>12. for access to material that is not publicly available</b>  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <b>13. for research/an education purpose/support for a professional body</b>  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <b>14. none of the above but related to de-identified data/research via AHPRA/National Board(s)</b>   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

If you have ticked "yes" to any of the questions 9-14 above please continue to complete the application form provided.  
If you have ticked "no" please email your requirements to [darc@ahpra.gov.au](mailto:darc@ahpra.gov.au).

**Application form****Project details**

Project title

**Contact details**

Full name

Contact telephone

Organisation/  
employer name

Postal address

Email

 Student Academic Commercial Government

Other:

**Principal investigator** (if the principal investigator details are the same, please specify 'as above')

Full name

Contact telephone

Organisation/  
employer name

Postal address

Email

## Document attachments

The following documents are to be included with the application. Please note a maximum of 6 A4 pages total.

Pages

**a) Project aims**

Please include the rationale, methodology objectives, project timeline (start/end) and the nature of the data request (please include detailed data requirements)

**b) CV of principal investigator**

**c) Status of ethics application** (please tick the appropriate box):

Approved (information attached)

Pending (information attached)

Not yet applied (the reasons why and information attached)

Ethics approval not required (the reasons why and information attached)

**d) Funding**

Please specify if there is a source of funding and the amount available to the project. If financial resources are sought from National Board(s)/AHPRA please provide a full budget.

**e) Data security**

Where applicable please specify details of any material or data that will be accessed or created and outline the data security measures including the proposed method, location and time period for storage of personal information collected or provided as part of your project and, where possible, any data security policy equivalent to ISO national industry best practice standards (for example, how will data be secured, for what period, when and how it will be shared and destroyed).

**f) Publication/outcomes**

Briefly describe what, if any, publication (conference, news, media, academic journal, other journal etc) is envisaged following on or in relation to this project both in terms of de-identified data and/or analysis of the de-identified data?

**Total pages attached**

## Declarations

I/we agree to undertake any de-identified data access and/or research activity and handle data confidentially in accordance with the requirements of AHPRA's *National Registration and Accreditation Scheme – Data access and research policy*, including any special conditions.

Name  Signature

Date

### Endorsement of Head of School (or delegate)

I declare that this project will be conducted in accordance with the relevant standards, policies and codes of practice, has research merit, adequate resources and appropriate leadership/supervision.

(Note: endorsement must be given by an authorised person who is not an investigator in this project)

Name  Signature

Title/Position  Date

### Submitting your application

Please mail your completed application form by the submission deadline to the Data Access and Research Committee Secretariat at AHPRA, GPO Box 9958, Melbourne VIC 3001.

### Enquiries

For any queries on this checklist or application form please contact [darc@ahpra.gov.au](mailto:darc@ahpra.gov.au).

Office use only

Date received