



REQUEST FOR ACCESS TO DATA

Date of Request _____

Title _____ Name _____

Position _____

Affiliation / Organisation _____

Address _____

Telephone _____ Fax _____

E-mail _____

Are you a student? Yes No

If YES, what degree are you working towards? _____

Name and contact details of your supervisor _____

Short title of data request _____

Please attach a short description of your project (1-3 paragraphs)

Reason for data request

PLEASE TURN OVER

Actual data requested _____

Is this for a funded research project? Yes No

If YES, who has funded the project? _____

Was VSTORM formally involved in the grant application? Yes No

Have you received Ethics Committee approval to access VSTORM data? *If YES, please attach copy of ethics application and approval* Yes No

What use do you expect to put this information to? _____

Have you read the VSTORM data access policy? Yes No

Do you agree to follow it? Yes No

Have you read the VSTORM data access fee document? Yes No

Do you agree to consider a cost estimate from VSTORM before your request is formalised? Yes No

Have you read the VSTORM data access authorship and acknowledgements document? Yes No

Do you agree to comply with this? Yes No

How did you find out about accessing VSTORM data? _____

Signed: _____ Date: _____

PRINT: _____

Approved by Head of VSTORM

Signature: _____ Date: _____

Return to:
Sue McLellan
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MEDICINE
L5 THE ALFRED CENTRE
99 COMMERCIAL ROAD, MELBOURNE VIC 3004
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