



Appendix 3: Data Access Renewal Form

This *Data Access Renewal Form* should be completed and signed by an Approved User who has successfully applied for access to CCWS Data, has used them for research purposes for the time specified in the *Data Access Agreement*, and whose Agreement will expire shortly. This *Data Access Renewal Form* provides the Approved User with the possibility of confirming that the information contained in each section of the original *Data Access Application Form* (if it is the Approved User's first renewal) or the previous *Data Access Renewal Form* (if the Approved User has previously renewed his/her application) has remained unchanged. In case of changes to the research project or to the information provided in previous access applications to CCWS, the *Data Access Renewal Form* will allow the Approved User to specify them. Approval of this *Data Access Renewal Form* by the Data Access Committee extends the Term of the *Data Access Agreement* by one year.

File number (provided in your original approval letter): _____

Original title and lay summary of the main research project:

1. Name of Principal Applicant including affiliation and contact details.

Has the information provided in your last approved *Data Access Application/Renewal* for this section changed? Yes No

If yes, complete this section, while reflecting the new changes.

Name:	
Title:	
Position:	

Affiliation:	
Institutional Email:	
Mailing Address:	

2. Name of the Authorized Institutional Representative, including affiliation and contact details.

Has the information provided in your last approved *Data Access Application/Renewal* for this section changed? Yes No

If yes, complete this section, while reflecting the new changes.

Name:	
Title:	
Position:	
Affiliation:	
Institutional Email:	
Mailing Address:	

3. Title of Project

Has the information provided in your last approved *Data Access Application/Renewal* for this section changed? Yes No

If yes, complete this section, while reflecting the new changes.

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4. Names of authorized personnel

Has the information provided in your last approved *Data Access Application/Renewal* for this section changed? Yes No

If yes, complete this section reflecting the new changes. A valid institutional email address for each name along with their job title/function is required.

All new authorized personnel should be given a copy of the *Data Access Application Form* and receive proper training and briefing on the security and confidentiality issues and be familiarized with the *Data*

Access Agreement in effect. It is your responsibility to see that they follow the terms of the *Data Access Agreement*.

Name:	
Title:	
Position:	
Affiliation:	
Institutional Email:	

5. Research Project

- a. Has the information provided in your last approved *Data Access Application/Renewal* for this section changed? Yes No

If yes, complete this section, by informing us of any major change concerning your research project, including changes in the informed consent process and documents and/or research ethics review.

- b. What is the current status of the project? Provide a brief summary of study progress and results.

6. Lay summary of the research project

Has the information provided in your last approved *Data Access Application/Renewal* for this section changed? Yes No

If yes, complete this section, while reflecting the new changes.

7. Information Technology Security

Has the information provided in your last approved *Data Access Application/Renewal* for this section changed? Yes No

If yes, complete this section, while reflecting the new changes.

I declare that the information presented above is true and up to date. I recognize that I am still bound by the terms and conditions of the *Data Access Agreement* that I signed on _____.

SIGNATURE

Principal Applicant:

Name	
Position	
Signature	
Date	

Please e-mail a PDF of the signed *Data Access Renewal Form* to survey@ccws-becc.ca