

General Register Office for Scotland

Research Project Title: _____

Project Leader: _____

Co-Workers:

Name: _____

Address: _____

Qualifications: _____

Status: _____

I, the undersigned, declare that I understand and agree:

1. that the data released to me or collated by me from GROS - NHSCR source material will be used solely for the purpose of this research project;
2. that I will not divulge the data to any party not directly connected with the project except in the form of conclusions drawn from it;
3. that while the data are in my keeping I will exercise proper safeguards to prevent any breach of confidentiality, security or privacy;
4. that when the research project is concluded I will ensure the complete and confidential destruction of the data;
5. that I will not publish the name of any person identified in the data nor any information that would enable any such person to be identified;
6. that if the project requires access to the medical case records of any person identified in the data, I will obtain permission from the medical practitioner in clinical charge of that person before seeking such access;
7. that if the project requires contact with any person identified in the data or with his or her relatives, I will not make such contact without the prior consent of the Registrar General for Scotland; if such consent is given, the Registrar General for Scotland will indicate appropriate methods of approach;
8. that if I become aware of any loss or misuse of the data I will immediately inform the Registrar General for Scotland;
9. that I am required to register with the Data Protection Registrar any processing of personal information by computer;
10. that I will acknowledge in any publication that the data used included data supplied with the permission of the Registrar General for Scotland;
11. that I will make the contents of this declaration known to my own co-workers and that I accept full responsibility for ensuring that they observe its conditions;
12. that if I am succeeded in my post with this research project, my successor will require to complete a fresh declaration on confidentiality and privacy before receiving any further data.

Signed (Project Leader) _____

Date _____

(When you have completed this form, please send it to Gail Rogerson, Medical Research Manager, Cairnsmore House, Crichton Business Park, Bankend Road, Dumfries, DG1 4TG)