

National Records of Scotland (NRS)

Research Project Title: _____

Project Leader: _____

Co-Workers: _____

Name: _____

Address: _____

Email Address: _____

Qualifications: _____

Status: _____

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

1. that the data released to me or collated by me from National Records of Scotland's National Health Service Central Register (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 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 Turner, Medical Research Manager, Cairnsmore House, The Crichton, Bankend Road, Dumfries, DG1 4GW)