**Data Request Form**

**Parts 1 to 3 are to be completed by the Data Requestor.**

**Part 1 – Data Requestor’s Information**

|  |  |
| --- | --- |
| **Human Subjects Ethics Application No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*****(Please save the application as draft to obtain the Application No.)*** |  |
| **Name of Data Requestor:** |  **Telephone Number:** |   |
| **Post Title:****Department Name:** |  **Email Address:**  |   |

**Part 2 – Information about the Data Request**

* 1. Purpose(s) of the data request:
		+ Teaching and learning
			- Scholarship of teaching and learning for publication
			- Learning analytics for quality enhancement
		+ Research
	2. Describe how the data will be used and state where the output will be published (if applicable):

* 1. Detailed description of the data field required:

|  |  |  |
| --- | --- | --- |
| **Period** | **Data Classification**(Restricted, Confidential or Internal Use) | **Types of Data Required** |
| *2015/16 academic year* | *Confidential* | *Academic data of undergraduate students** *Student ID*
* *Academic performance*
* *Time table information*
 |
| *2015/16 and 2016/17**academic years* | *Internal Use* | *LMS data** *User activity and course activity tracks*
 |

* 1. Will the data be disclosed to a Third Party (e.g. an individual, organization, or entity that is not a staff member, Department of the University)?

☐ Yes ☐ No

List all the Third Parties that will have access to the data requested and the purpose(s) for accessing the data.

|  |  |
| --- | --- |
| **Third Party** | **Purpose(s)** |
|  |  |
|  |  |
|  |  |

* 1. What is the expected completion date for your task or project?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. When can the data be deleted (the “deleted date”)?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part 3 – Declaration (to be completed by the Data Requestor)**

* I will only use the data provided for the purpose(s) stated above and will securely delete the data accordingly.
* I agree to comply with the requirements with respect to access, use, protection, retention, deletion and disclosure/ transmission of data as set out in the Data Governance Framework.
* If the answer to Question 2.4 is “Yes”, the Third Party is bound by a contract or other appropriate means as required under the Data Governance Framework to preserve and protect the confidentiality of the data, and to use the data for the approved purpose.
* I will ensure that, on an ongoing basis, all individuals who have access to the data as part of their task or project responsibilities will use and safeguard the data in accordance with the Data Handling Guidelines (Appendix B of the Data Governance Framework).
* The information provided in this Data Request Form is true and correct to the best of my knowledge.

Signature:
Date:

**Part 4 - Endorsement (to be completed by the Department Head)**

* I endorse this Data Request. Comments (if any):
* I do not endorse this Data Request (please state the justification below). Justification:

Signature:
Name:
Department and Post Title:
Date:

**Part 5 – Approval (to be completed by the Chairman of Institutional Review Board (IRB) on Data Access (Teaching & Learning, and Research))**

* IRB approves this Data Request. Comments (if any):
* IRB does not approve this Data Request (please state the justification below). Justification:

Signature:
Name:
Date: