

**STUDENT INFORMATION**

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**Applicant (Student)**

**Student's Project Title**

**Expected Graduation/Completion Date**

**PRINCIPAL INVESTIGATOR/SUPERVISOR INFORMATION**

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**Principal Investigator**

**Supervisor (if different from Principal Investigator)**

**Current Project Reference Number**

**Current Project Title**

## **STUDENT DATA ACCESS REQUEST (STUDENT DAR) PROCESS**

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- Student can request to use the Research Extract released under his or her Supervisor's DAR for his or her project/thesis/dissertation by completing a Student Data Access Request (Student DAR). Use of Research Extract includes access to record-level data, or use of aggregate data previously produced by the Supervisor's research team.
- A Student DAR can only be submitted while the Supervisor's DAR is active and in good-standing.
- Student cannot request linkage to additional data beyond what is approved under the Supervisor's DAR.
- Upon approval, the Student DAR will be considered as an addendum to the RA.
  - Student will not enter into a separate Research Agreement with the Data Stewards. The student's data access is under the existing Research Agreement for the Supervisor's DAR.
  - When the Student has completed his/her academic or residency program, the student has the option of closing the Student DAR while the Supervisor's DAR remains active.
  - When the Supervisor's DAR is closed, all Student DARs appended to the DAR are automatically closed.
- Upon approval, the Student becomes a project team member of the Supervisor's DAR. The following requirements need to be met before the Student can access the data:
  - Signing of the Student Declaration Section (see Section V of the Student DAR)
  - Signing of the Pledge of Confidentiality
  - Completion of PopData Privacy Training
  - Student's research being approved by the Research Ethics Board

## **FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FIPPA)**

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Information collected on these forms is governed by FIPPA. The collection of personal information on this form by the public body holding the data requested is authorized under section 26(c) of FIPPA. The personal information that is collected, such as name, address, phone number and any other personal information is required to process and adjudicate the application and to contact you to discuss any issue relevant to the application. Do not include the personal information of others unless you have their authorization (i.e., consent) to do so. Questions regarding the collection of personal information may be directed to the public body in questions or, to assist in contacting the public body, to:

Privacy Officer, Population Data BC  
201-2206 East Mall  
Vancouver, BC V6T 1Z3

Phone: 604-822-6514  
Fax: 604-822-5690  
[privacy@popdata.bc.ca](mailto:privacy@popdata.bc.ca)

## **CONSENT FOR POPULATION DATA BC TO PUBLISH PROJECT INFORMATION**

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As part of our desire to remain transparent and communicate the value of the research facilitated through linked administrative data, Population Data BC will publish basic project information.

This basic information may include: Applicant and PI name, project number and title, institution, funding agency, research objectives, approved data sets, publications, and project approval timelines. It will not include methodology without your direct consent.

## SECTION I: APPLICANT & SUPERVISOR INFORMATION

### APPLICANT (STUDENT)

|                |     |                  |      |       |             |
|----------------|-----|------------------|------|-------|-------------|
| LAST NAME      |     | FIRST NAME       |      | TITLE |             |
| STREET ADDRESS |     |                  | CITY | PROV  | POSTAL CODE |
| PHONE          | FAX | EMAIL            |      |       |             |
| POSITION       |     | INSTITUTION NAME |      |       |             |

### INSTITUTION ADDRESS (if different from applicant address)

|                |     |       |      |         |             |
|----------------|-----|-------|------|---------|-------------|
| STREET ADDRESS |     | CITY  | PROV | COUNTRY | POSTAL CODE |
| PHONE          | FAX | EMAIL |      |         |             |

### PRINCIPAL INVESTIGATOR

*The Principal Investigator is an individual who either has a faculty appointment (Clinical Assistant Professor, Clinical Associate Professor, Clinical Professor, Assistant Professor, Associate Professor, Professor or BCCA Investigator) OR is deemed a PI by an affiliated institution or by a Dean. This individual bears the overall responsibility for the conduct of the study, including the activities of co-investigators, who are assumed to be acting under the delegated authority of the PI, and is required to act within the requirements of the Tri-Council Policy Statement (TCPS).*

*The Principal Investigator should be the same individual listed in the ethics board approval as well as in approvals for use of other data. If this is not feasible, please discuss with the Data Access Unit at Population Data BC.*

|                |     |                  |      |       |             |
|----------------|-----|------------------|------|-------|-------------|
| LAST NAME      |     | FIRST NAME       |      | TITLE |             |
| STREET ADDRESS |     |                  | CITY | PROV  | POSTAL CODE |
| PHONE          | FAX | EMAIL            |      |       |             |
| POSITION       |     | INSTITUTION NAME |      |       |             |

### THESIS/DISSERTATION SUPERVISOR (IF DIFFERENT FROM PRINCIPAL INVESTIGATOR)

|                |     |                  |      |       |             |
|----------------|-----|------------------|------|-------|-------------|
| LAST NAME      |     | FIRST NAME       |      | TITLE |             |
| STREET ADDRESS |     |                  | CITY | PROV  | POSTAL CODE |
| PHONE          | FAX | EMAIL            |      |       |             |
| POSITION       |     | INSTITUTION NAME |      |       |             |

### OTHER THESIS/DISSERTATION COMMITTEE MEMBER(S)

|      |          |             |
|------|----------|-------------|
| NAME | POSITION | INSTITUTION |
| NAME | POSITION | INSTITUTION |
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## SECTION II: FUNDING

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### HAS THE STUDENT RECEIVED ANY RESEARCH FUNDING?

List ALL funding, commissioning and contracted sources, including those requested but not yet confirmed.

| Funding Organization | Expiry Date |
|----------------------|-------------|
|                      |             |
|                      |             |
|                      |             |

My project has received no funding.


## SECTION III: ETHICAL REVIEW

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***IF THE PROJECT HAS NOT BEEN APPROVED OR SUBMITTED FOR REVIEW BY AN ACCEPTABLE\* ETHICS REVIEW COMMITTEE, the Data Steward(s) may refuse to consider the application. (\*Note: Only non-profit ethics review committees, such as those at universities, are acceptable. The Data Steward reserves the right to decide the acceptability of ethics review committees in their sole and absolute discretion.)***

### ETHICAL REVIEW OF YOUR RESEARCH PROJECT

My project is included in the ethics approval of my Supervisor's DAR

 Attach a copy of current ethics application and approval

My project has received its own ethics approval

 Attach a copy of current ethics application and approval

| Organization | Certificate Number | Expiry Date |
|--------------|--------------------|-------------|
|              |                    |             |
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|              |                    |             |

## **SECTION IV: STUDENT RESEARCH PROJECT DESCRIPTION**

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### **STUDENT PROJECT/THESIS/DISSERTATION TITLE**

### **PUBLIC INTEREST VALUE/PUBLIC BENEFIT OF PROJECT**

### **SMALL CELL SIZE**

Please describe measures that will be taken to protect confidentiality (identification of an individual) during analysis and in any publication or distribution of results when dealing with small cell size.

**RESEARCH OBJECTIVES: RESEARCH QUESTIONS AND HYPOTHESES**

Please 1) List research questions and 2) Identify hypotheses

[Empty box for research objectives]

**RELATIONSHIP TO THE SUPERVISOR'S DAR**

Describe the Student DAR's relationship to the Supervisor's existing project.

[Empty box for relationship to supervisor's DAR]

**METHODOLOGY**

Summarize the study design and methodology.

**ACHIEVING RESEARCH OBJECTIVES**

Please describe how the linkage for this study and data requested from each data file, including external data sources, are necessary to achieve your research objectives (e.g. MSP, DAD, etc.) If not all data approved for the Supervisor's DAR will be used for the Student DAR, please clarify.

## SECTION V: SIGNATURE AND DECLARATION

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*The Student (Applicant), the Principal Investigator, and the Supervisor (if different from the PI), must sign below.*

### STUDENT APPLICANT

- I understand that the Principal Investigator (PI) has entered into a Research Agreement(s) with the Data Steward(s) of interest, which outlines the obligation of the PI and all authorized users for access to and use of the data.
- I confirm that I have read and understand all obligations as set out at length in the Research Agreement(s).
- I understand that the research must be for the time limited purpose of addressing a specific set of research questions to fulfill my academic or training program requirements (for example, Master's or Doctoral thesis or resident final project).
- I acknowledge that I am responsible for completing the Student DAR in consultation with my Supervisors, providing all required supporting documents, and ensuring the use of the data is in compliance with the Research Agreement(s).
- I understand that PopData does not provide support to Students in developing research questions and methodology, and cleaning/analyzing the data. I understand that I am expected to consult with my Supervisors throughout the DAR process.
- I will comply with all obligations and requirements as outlined in the Research Agreement(s), as required under Applicable Law, in addition to the responsibilities outlined in this declaration.

### PRINCIPAL INVESTIGATOR

- I declare that I have entered into Research Agreement(s) with the Data Steward(s) of interest for the data requested by the Student Applicant.
- I declare that these Agreements are in good standing and have been provided to the Student Applicant for review.
- I understand that I am expected to guide the Student through the complete DAR process, including the following:
  - Defining the research objectives and determining the appropriate research methodology
  - Reviewing the Student DAR prior to submission
  - Providing support in data cleaning, data analysis, presentations and publications
- As per the above, I confirm that I have reviewed the Student's DAR prior to submission
- I understand that I am responsible for ensuring the project team members are in compliance of the Research Agreements, the Researcher Services Agreement, and other relevant Policies. This includes keeping the ethics approval up-to-date, and submitting data retention date extension request when required.
- I understand that I am responsible for reporting all student activities in the Progress Report.



**SIGNATURE**

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I declare that all information provided in this application is complete and correct.

\_\_\_\_\_  
*Student (Applicant) Signature*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date Signed*

\_\_\_\_\_  
*Principal Investigator Signature*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date Signed*

\_\_\_\_\_  
*Supervisor Signature*  
[if different from Principal Investigator]

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date Signed*

## SECTION VI: DATA STEWARD APPROVAL

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*This form will become a schedule to the DAR and Research Agreement for this Project.*

Approved as requested.

Not approved. Reason:

Approved as follows:

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Data Steward  
Position

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Date

Organization