**Proposal to Access Personal Information for Research or Statistical Purposes**

|  |
| --- |
| **Personal information is collected under the *Access to Information and Protection of Privacy Act*, *section 15(c)(i) and 26(1)* for the purposes of evaluating and administration of this request for access to personal information for research or statistical purposes. For further information, contact the Access and Privacy Officer, Corporate Information Management at (867) 667-8211, toll free within Yukon 1-800-661-0408, ext. 5111, or in person at 2071-2nd Avenue, Whitehorse, YT, Y1A 2C6.** |

For request to access, for research or statistical purposes, to personal information contained in records covered by the *Access to Information and Protection of Privacy Act* (ATIPP) under section 26, *Research agreement required if identify information used for research purpose*.

This request requires approval by **[Name of Public Body]**.

Prior to accessing records, you will be required to sign a research agreement that ensures that individuals’ privacy will be protected when their personal information is in your custody.

**Instructions:**

* Complete all sections of the form.
* Attach all required documents.

Please note, incomplete forms will be returned and must be resubmitted.

Completing this proposal does not guarantee approval. \*Some type of caveat here\*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Identification of Researcher | | | | | | |
|  | | | | | | |
| **Name (Last, First, Initials)** | | | | | | |
|  | | |  |  | |  |
| **Mailing Address** | **Street** | | **City/Town/Village** | **Province** | | **Postal Code** |
|  | |  | | |  | |
| **Telephone Number** | | **Cell Phone Number** | | | **Fax Number** | |
|  | | | | | | |
| **E-mail Address** | | | | | | |

|  |
| --- |
| Provide the following information, if applicable: |
|  |
| **Institutional, Society or Corporate Affiliation (include department if relevant)** |
|  |
| **Position** |
|  |
| **If you are a student, provide the name of your Academic Advisor** |
|  |

Provide a curriculum vitae and include the following information: education, research experience, and knowledge of subject.

|  |
| --- |
| Description of Research Project |
| Attach the following information: |
| A general description of the research project. Include the objectives of the project and the proposed method(s) of analysis. |
| An explanation of why the research project cannot be accomplished without access to personal information about named or identifiable individuals |
| A detailed explanation of how the personal information will be used, including a description of any other proposed linkages to be made between personal information in the records requested and any other personal information |
| The expected period of time during which access to these records may be required |
| The expected period of time during which these records will be used |
| The benefits to be derived from the research project |
| Describe the security measures you propose to put in place. The security and confidentiality of the personal information that will be in your custody must be protected and unauthorized disclosure must not occur |

|  |  |
| --- | --- |
| Funding | |
| Has funding to complete the project been approved or received? | Yes No |
| If funding is not already in place, explain the conditions and circumstances that will allow the project to be completed. | |
|  | |

|  |
| --- |
| Additional Information |
| Please add any other information that you believe will assist [Name of Public Body] in assessing this application. |
|  |

|  |
| --- |
| Records Requested |
| Provide a description of all records containing personal information to which access may be requested. Provide as much detail as possible. Access will only be given to records listed below and only for the purposes approved for the research project described on Page 2 of this form. Any changes or additions to this list after this proposal is submitted must be made in writing and will require written approval from [Name of Public Body] |
|  |

|  |  |  |
| --- | --- | --- |
| Records requested - continued | | |
| Originals may be viewed only at [Name of Public Body] | | |
| Will you require the above records to be copied (at your expense) for viewing elsewhere? Yes No | | |
|  |  |  |
| Signature |  | Date |

|  |  |  |  |
| --- | --- | --- | --- |
| Internal use by Public Body Only | | | |
| This proposal for access to records pursuant to section 26 is: | | | |
| Approved | Refused | | |
| **Approval is subject to the terms and conditions set out in a corresponding research agreement.** | | | |
|  | |  |  |
| **Name of Authorized Official** | |  | **Date of Approval** |
|  | |
| **Signature** | |