DATA MATCHING, LINKAGE AND/OR INTEGRATION PROPOSAL, RISK ASSESSMENT & AGREEMENT TEMPLATE

Applicants intending to undertake a data matching, linkage or integration project or program should complete this project proposal form prior to approaching data managers to request inprinciple approval and agreement for data exchange, disclosure and use. The information compiled in this project proposal may be used to form the basis of project agreements.

On completion of the proposal, the applicant should submit the proposal to the data source manager for consideration and in-principle approval, including any conditions of release. Once in-principle approval is given, details of the project may be finalised, including technical feasibility, data security and data management arrangements, linking methodology, measures to protect privacy and confidentiality, data access arrangements and data retention and destruction plans. Final approval is confirmed through the signing of project agreements¹ between all parties.

PART 1: OVERVIEW OF THE PROJECT OR PROGRAM			
To be completed by the requesting party, in consultation with the data source manager.			
Title of project/program:			
Date of request:			
Requesting agency:			
Business unit:			
Project contact:			
Phone:		Mobile/alternative phone:	
Email:			
Street address:			
Is this a law enforcement request?	□Yes	□No	
Is this a research or statistical compilation/analysis request?	Yes	□No	
Does the project involve matching and/or linking Tasmanian Government datasets?	□Yes	□No	
 Project description: Project or program objective Related processes or programs Legal authority to implement the program 			

Agreement should take the form of a Memorandum of Understanding or other arrangement as appropriate for the parties concerned.

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A framework of principles and guidelines

• The roles and responsibilities of any other parties involved	
 Public interest determination: Short and long term Agency-specific and whole-of-government 	

PART 2: DETAILS OF THE PROJEC	
Agency holding data:	arty, in consultation with the data source manager.
Data source business unit:	
Data source contact name:	
Phone:	Mobile/alternative
r none.	phone:
Email:	
Street address:	
 Data required: List of datasets involved, including consideration of personal, sensitive and/or health information elements 	
 Names of all co-researchers: Only individuals named on this proposal may have access to the data, providing they have signed appropriate agreements Please provide separate details 	
 Technical outline: Provide a summary of research design and proposed methods 	
Project outputs:Outline how project outputs will be disseminated or	
published	
Data Access:	
 Does the project require access to identified data? If yes, has consent been given to use the data for this purpose? Provide justification for the 	
use of identified data	
Expected completion date:If ongoing program, please rationale for data retention	

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Preferred data linkage unit or data integrator:
If the use of a unique identifier is proposed, please describe why it is necessary and describe how the identifier will be used.
Provide an outline of the proposed data matching, linkage and/or integration process:

PART 3: RISK ASSESSMENT	
To be completed by the requesting party, in consultation with the data source manager.	
Does data involve sensitive information (as defined in the Personal Information Protection Act 2004)?	
Would the individuals whose personal and/or sensitive information is referenced in this data either expect or reasonably expect the data to be used or disclosed for the purpose of this project or program?	
Please detail any identified legislative or regulatory constraints or enablers.	
How many agencies are involved in the project?	
How will access to the data be controlled?	
What is the likelihood that individuals may be re- identified from the final data product?	

PART 4: CONFIRMATION OF IN-PRINCIPLE SUPPORT	
To be completed by the data source manager.	
Is the project in scope and in the public interest?	
Does legislation provide for release of the data? Please provide details.	

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Does the proposal require further privacy impact assessment or public benefit determination?	
Has a risk assessment been conducted? Please provide details.	
Does this project warrant specific Conditions of Release? If so, please attach or provide details.	

PART 5: CONDITIONS OF RELEAS	E TEMPLATE
To be completed by the data source manager.	

PART 6: APPROVALS AND SIGNATURE

In-principle approval, risk assessment and project proposal should be signed off by all parties in accordance with departmental delegations for the approval of projects or the release of data.

Requesting party or delegate	Signatura
Name	Signature
Position	
Agency	
Witness name Date	Signature
Source data manager or delegate Name	Signature
Position	
Agency	
Witness name	Signature
Date	