

ADEPT STATEMENT OF INTENT

1. REQUEST FOR DATA TO SOURCE AGENCY

Data requested:			
Agency holding data:			
Business unit:			
Contact name:			
Phone:		Mobile/alternative phone:	
Email:			
Street address:			
Date of request:			

2. DETAILS OF APPLICANT

Requesting agency:			
Business unit:			
Contact name:			
Phone:		Mobile/alternative phone:	
Email:			
Street address:			
Approved by:			

3. PROJECT PROPOSAL

Name of project:			
Commencement date:		Expected completion date:	
Project objective, intended audience and how data will be used and presented:			
Identified public benefit:			
Proposed data format and mechanism for data exchange:			
Proposed period and conditions of data retention:			
Proposed method of disposal:			

Details of any identified legislative or regulatory considerations:	
Will the data be used in its original form?	<input type="checkbox"/> Yes – Proceed to Section 5 <input type="checkbox"/> No – Proceed to Section 4

4. DATA MANIPULATION OR ENHANCEMENT

Does the data requested include personally identifying or sensitive information about an individual or individuals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes to the above, has an alternative source of de-identified data been investigated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will the data be matched with other data, either to improve the accuracy of records or aggregate personal information about an individual?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will the data be linked and/or integrated with other data?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes to any of the above, has a data matching/integration proposal been completed in accordance with ADEPT Procedures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

5. CERTIFICATION AND SIGNATURE (APPLICANT)

It is agreed that the data will be used only for purpose/s outlined in this Statement of Intent.
 Any reports, presentations or other outputs derived from use of the data will correctly attribute the origin of the data and be provided for review and/or comment upon request.

DATE	
Name and SIGNATURE:	

6. ASSESSMENT AND APPROVAL

Assessed by:			
Assessment date:			
Business unit:			
Name:			
Phone:		Mobile/alternative phone:	
Email:			
Approved for release?	<input type="checkbox"/> Yes <input type="checkbox"/> No – Please complete referral information below		

ADMINISTRATIVE DATA EXCHANGE PROTOCOL FOR TASMANIA

A framework of principles and guidelines

Comments	
Referred to HOA or delegate:	<input type="checkbox"/> Yes
Delegate name:	
Date referred:	