**Appendix 8: Application to use the CPFT Research Database (Researcher)**

***Please return to Kristel.Klaus@mrc-cbu.cam.ac.uk***

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| **Section 1 – Details of Researcher** | | |
| a | Surname: | Prof Dr Mr Mrs  Miss  Ms Other |
| Forename(s): |
| Work Tel: Email: | |
| Employer: or place of study: | |
| Work Address/Place of Study: | |
| Post or status held: | |
| b | Do you hold a contract with the CPFT?  Substantive employee  Honorary Clinical Contract  Research Passport  Honorary Research Contract  Letter of Access  Date issued Date of expiry NHS Manager | |
| c | Name of project the researcher will work on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Research Database Project Approval Number \_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| d | Have you completed the Good Governance Module  Have you completed a MCA module? | Date  Date: |

|  |  |
| --- | --- |
| **Declaration *To be completed by the Researcher*** | |
| As an approved researcher accessing the Affective Disorders Research Database (ADRD), I agree to adhere to the CPFT information governance regulations. Any data accessed from the ADRD will be stored, retained and disposed of in line with their data protection and confidentiality policies and will remain within the CPFT network. No data will be removed from a CPFT server (including printing, saving onto an external USB, emailed ect).  If a breach of data protection is found to have occurred, it is the responsibility of the researcher to notify the ADRD Committee, who will ensure the data breach is reported appropriately and the necessary reporting requirements and timescales are adhered to.  **ADRD Contacts:**   |  |  | | --- | --- | | Dr Caitlin Hitchcock | Caitlin.Hitchcock@mrc-cbu.cam.ac.uk | | Dr Tim Dalgleish | Tim.Dalgleish@mrc-cbu.cam.ac.uk | | Dr Rajini Ramana | rajini.ramana@cpft.nhs.uk | | Rachel Elliott | Rachel.elliott@mrc-cbu.cam.ac.uk | | |
| Signed by: | Dated: |

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| **Section 2 – *To be completed by the Research Database Administrator*** | | | |
| a | Accompanies a valid project application? | Yes  No | |
| b | Honorary contract in place? | Yes  No  N/A | |
| c | R&D holds contract | Yes  No | |
| d | Completed Good Governance Module? | Yes  No | |
| e | Completed MCA Module (if taking consent)? | Yes  No  N/A | |
| Completed by: | | Dated: | |
| **Section 3 – *To be completed by the Research Database Oversight Committee*** | | | |
| a | Researcher approved for use of Research Database  Research Database Researcher Approval Number: | | Yes  No  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signed by: | | | Dated: |