

Data Access Application Amendment Form

AMENDMENTS REQUESTED

This form is to be used when data access for a project has been fully approved; only changes to the data access period and project personnel are permitted.

Amendment Type	Select Amendment Type(s) (✓)	Instructions
EXTEND DATA ACCESS PERIOD		Complete " DAC AMENDMENT –ACCESS PERIOD " page.
RESEARCH PERSONNEL		Complete applicable " DAC AMENDMENT – RESEARCH TEAM " pages.

The **Principal Investigator** must review the amendment details and sign the declaration below.

DATA ACCESS REFERENCE INFORMATION *(please complete)*

Project Title	
Data Access Reference ID	
Principal Investigator	

PRINCIPAL INVESTIGATOR DECLARATION

I confirm that the information provided in this amendment is accurate and timely to the best of my knowledge.

Signature	Name
	Date



DAC AMENDMENT – ACCESS PERIOD

Extension to the Data Access Period

DATA ACCESS PERIOD

ORIGINAL DATA ACCESS END DATE	
NEW DATA ACCESS END DATE	

JUSTIFICATION FOR CHANGE

Please explain why an extension to the data access period is required.



DAC AMENDMENT – RESEARCH TEAM

New Team Member Details & Disclosure *(complete for each team member)*

Project role	
Brief biography, role description & justification <i>(a URL link or attached biography/academic CV is acceptable)</i>	
Family name	First name
University/institution	Department/section
Work phone	Mobile
Email	
Mailing address	
I require access to the data set(s) Yes <input type="checkbox"/> No <input type="checkbox"/>	
Protecting the Principles of the Data Access Protocol <p>Each team member named in this application must read, understand and agree to uphold the principles of the Data Access Protocol. Failure to adhere to the Data Access Protocol may result in data access being terminated for this project and all other projects I am named.</p> <p>Please signal your understanding and acceptance of these principles by checking this box.</p> <p>Please confirm you have attended a relevant data workshop or familiarised yourself with the workshop materials and technical documents (data dictionaries and data user guides) by checking this box.</p>	
Are you a student or research assistant? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<i>If you selected "Yes" above, please sign the Declaration below and complete the Student/Research Assistant Supervisor/Manager Declaration.</i>	
Declaration: I declare that the information provided is timely and accurate to the best of my knowledge.	
Signature	Name
	Date



DAC AMENDMENT – RESEARCH TEAM

Student/Research Assistant Supervisor/Manager Declaration *(complete for each research assistant/student)*

If you are a student or research assistant please fill in, and have your supervisor/manager sign off, the form fields below.	
Student/research assistant name ("the Team Member")	
Name of student supervisor/manager ("the Supervisor")	Supervisor/manager role and title
Telephone	Mailing address
Email	
Supervisor/Managers Declaration I, the Supervisor declare that I accept all responsibility for the conduct of the Team Member. If the Team Member breaches the principles of the Data Access Protocol , I understand that my access to <i>Growing Up in New Zealand</i> data for any current and future research projects will be reviewed and may be terminated.	
Signature	Name
	Date