
Name of Public Body

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

This form is used to request access, for research or statistical purposes, to personal information contained in records covered by the *Protection of Privacy Act (POPA)*.

If this request is approved by _____,
Name of Public Body

you will be asked, prior to being provided access to records containing personal information, to sign a research agreement that ensures that individuals' privacy will be protected when their personal information is in your custody.

The collection of the information on this form is authorized by the *Act* and will be used only to evaluate and administer the request for access to personal information for the purpose of research.

The following person can answer any questions concerning this proposal or the collection of the information on this form.

Name of Contact: _____

Title: _____

Name of Public Body: _____

Business Address _____

Business Telephone Number: () _____

Completeness and clarity will assist the

Name of Public Body

to assess this proposal quickly.

NOTE: *A fee may be charged to provide this information. An estimate of the fee will be provided in advance.*

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Identification of Researcher

Name (<i>Last, First, Initials</i>)				
Mailing Address	Street	City/Town/Village	Province	Postal Code
Telephone Number ()		Fax Number ()		
E-mail Address				

Provide the following additional information, if applicable:

Institutional, Society or Corporate Affiliation (<i>include department if relevant</i>)
Position
Provide the name of your Academic Advisor if you are a student

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

Description of Research Project

Attach the following information:

1. A general description of the research project (*include the objectives of the project and the proposed method(s) of analysis*).
2. An explanation of why the research project cannot be accomplished without access to personal information about named or identifiable individuals.
3. A detailed explanation of how the personal information will be used, including a description of any proposed linkages to be made between personal information in the records requested and any other personal information.
4. The expected period of time during which access to these records may be required.
5. The expected period of time during which these records will be used.
6. The benefits to be derived from the research project.
7. 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.

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Funding

Has funding to complete the project already 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

_____ in assessing this application.

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Records Requested

Describe all records containing personal information to which access is requested. Provide as much detail as possible. Access will be given only 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 the application is submitted should be made in writing and will require approval in writing from

Name of Public Body

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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

FOR PUBLIC BODY USE ONLY

The application for records pursuant to **Section 15 or Section 16** of the Act is approved subject to the terms and conditions of a corresponding research agreement.

Signature of Authorized Official

Position

Date