External Research Request Form

Purpose of this form

This form is for individuals and organisations requesting access to any of the following for research purposes:

* tailored releases of NDIS data including aggregated (summary level) and unit record (individual level) data
* administrative data held by the NDIA such as corporate, financial and human resources data
* access to NDIA personnel (employees, contractors and volunteers) for participation in research as:
* study subjects
* members of project teams, expert advisors on steering committees and working parties, or similar activities.

This form can also be used for requests for collaboration on research projects or data custodian sign off prior to ethics approval.

Instructions for applications

Applicants should review the External Research Request Interim Policy for more information on access requests.

****Requests for tailored data release****

The NDIA is constantly updating and expanding its publicly available data. Please check that the data you are requesting is not already publicly available at [NDIS Data and Insights](https://www.ndis.gov.au/about-us/data-and-insights) before submitting an application.

Those applying for NDIS data should refer to the [NDIS Public Data Sharing Policy](https://data.ndis.gov.au/public-data-sharing) (Appendix A provides a list of data available for release). Detailed information on available variables (metadata) is provided in the ‘data rules’ documents available at [NDIS Data and Insights – Data Downloads](https://data.ndis.gov.au/data-and-insights/data/data-downloads). The data rules documents are available for participants, active providers, budget and market data downloads.

****Ethics approval****

If required for your project, approval from a National Health and Medical Research Council (NHMRC) registered Human Research Ethics Committee (HREC) should be obtained prior to lodging this application. A copy of the HREC approval letter should be included with your application.

If HREC approval is not required, please provide a letter of exemption or other form of justification.

Registered HRECs can provide advice on whether a project requires ethics approval. A list of registered HRECs is available from the [NHMRC website](https://www.nhmrc.gov.au/research-policy/ethics/national-certification-scheme-ethics-review-multi-centre-research).

**NDIA Corporate Plan Aspirations**

The Research and Evaluation Branch will provide a single point of contact to facilitate requests and will consider research requests that align to the delivery of the aspirations, goals and related outcomes as stated in the [NDIA’s Corporate Plan 2019-23](https://www.ndis.gov.au/about-us/publications/corporate-plan). The NDIA’s aspirations are listed below:

Aspiration 1: A quality experience and outcomes for participants

Aspiration 2: A competitive market with innovative supports

Aspiration 3: A connected and engaged stakeholder sector

Aspiration 4: A financially sustainable Scheme

Aspiration 5: A high-performing NDIA

You must identify the outcomes relevant to your research in the form, EXCEPT for tailored data requests as these will be considered in accordance with the [NDIS Public Data Sharing Policy](https://data.ndis.gov.au/public-data-sharing).

**Research collaboration**

**If you want to collaborate with the NDIA on a research project, please provide an outline of your proposed project by completing this form. Contact should be initiated as early as possible in the project development phase.** Where possible, applicants must provide the name of a contact person at the NDIA when they submit this form. The applicant must have spoken with this person before submission of the form, and confirmed their support for the project.

Once your form has been submitted, the NDIA’s role will be to review the form and ensure that the NDIA can support the project, including that it is not too burdensome on NDIA personnel and participants, does not pose excessive risks to the NDIA, or duplicate research that is planned, in progress or has already been conducted.

If the project is approved, a sponsor will be required for the implementation of your research. The Research and Evaluation Branch will assist in determining a suitable sponsor. For example, the sponsor will refer you to the appropriate people and support you to access the required personnel/participants as appropriate.

**Data custodian sign off**

If you require data custodian sign-off prior to obtaining HREC approval, please provide a description of the data requirements by completing Section 3.4 of this form and provide any documents to be completed by the NDIA with your application.

****Submission process****

Please email a copy of your completed signed application form and any necessary accompanying documents to the NDIA Research and Evaluation Office at research@ndis.gov.au.

**About assessment**

All applications (EXCEPT for tailored data requests) are assessed based on the following criteria:

* alignment to one or more of the [NDIA’s Corporate Plan 2019-23](https://www.ndis.gov.au/about-us/publications/corporate-plan) aspirations, goals and related outcomes
* benefits gained from the research activity to NDIS participants, communities, providers, service systems or wider public
* extent of resourcing (staff, facilitation, data access) required and available to support the activity
* risks associated with supporting the activity
* duplication of effort, coordination with similar or complimentary activities
* dissemination strategy to provide evidence publications, reports and tools to NDIA personnel and stakeholders
* assessment is not based on the quality of the research, evaluation, analysis, forecasting or modelling method, however applicants are asked to provide details about the method for monitoring and co-ordination purposes.
* **Further information**

Any questions are to be sent to research@ndis.gov.au.

External research request form

* 1. Project overview

****3.1.1 Project title****

| Click or tap here to enter text. |
| --- |

****3.1.2 Anticipated research timespan****

| Start date | Click or tap here to enter text. |
| --- | --- |
| Completion date | Click or tap here to enter text. |
| Please provide details of any deadlines or timelines we need to be aware of, e.g. deadlines for applying to a funding body/ grant application  | Click or tap here to enter text. |

****3.1.3 Purpose of request****

**What is the purpose of your request?** Please select all that apply.

[ ]  Access to tailored NDIS data

[ ]  Access to NDIA personnel for engagement in research as study subjects or expert advisors

[ ]  Research collaboration

[ ]  Data custodian sign off prior to ethics approval

[ ]  Other. Please provide details

| Click or tap here to enter text. |
| --- |

****3.1.4**** Alignment to corporate plan aspirations (EXCEPT for tailored data release requests)

**Which aspiration does this application relate to? Please select.**

| NDIA Aspiration |  |
| --- | --- |
| Aspiration 1: A quality experience and outcomes for participants |[ ]
| Aspiration 2: A competitive market with innovative supports |[ ]
| Aspiration 3: A connected and engaged stakeholder sector |[ ]
| Aspiration 4: A financially sustainable Scheme |[ ]
| Aspiration 5: A high-performing NDIA |[ ]
| **Unsure –** I need guidance to identify the relevant aspiration |[ ]
| **None**. The NDIA does not have capacity to support initiatives that do not align with the NDIA’s aspirations. Please only proceed to complete this form **EITHER** if your request aligns to one of the above NDIA’s aspirations **OR** relates to tailored data release requests. |[ ]

**Outline how your research directly addresses one of the NDIA’s aspirations, goals and related outcomes (about 100 words or less).**

| Click or tap here to enter text. |
| --- |

3.1.5 Human Research Ethics

Is Human Research Ethics Committee (HREC) approval required?

[ ]  No. Please provide a HREC letter of exemption or justification why HREC approval is not required e.g. use of aggregated, non-identifiable data

| Click or tap here to enter text. |
| --- |

[ ]  Yes.

If yes, has HREC approval been given?

☐ Yes. Please provide a copy of all supporting documentation including:

* Copy of HREC approval
* Participant consent forms (if applicable)

☐ No, but it’s in progress. If data custodian sign off is required prior to HREC approval please complete section 3.4 (access to tailored NDIS data) and provide all documents you require to be completed by the NDIA with your application.

☐ Other. Please explain

| Click or tap here to enter text. |
| --- |

Please provide details of all relevant HREC where approval is being or has been sought.

| HREC Name | Approval Ref No. | Approval Date | Approval Period |
| --- | --- | --- | --- |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

3.1.6 External funding

Do you have external funding for this project?

[ ]  Yes. Please provide details

| Click or tap here to enter text. |
| --- |

[ ]  No

* 1. Requestor details

3.2.1 Requestor details

Please provide details of the chief investigator/project lead and any others who will have access to the requested data, information, or NDIA personnel.

Chief investigator/Project lead

| Title | Click or tap here to enter text. |
| --- | --- |
| First name | Click or tap here to enter text. |
| Last name | Click or tap here to enter text. |
| Position | Click or tap here to enter text. |
| Department | Click or tap here to enter text. |
| Organisation | Click or tap here to enter text. |
| Postal address | Click or tap here to enter text. |
| Work phone | Click or tap here to enter text. |
| Mobile phone | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |
| Role in the research project | Click or tap here to enter text. |

Associate investigator 1/Project team member 1

| Title | Click or tap here to enter text. |
| --- | --- |
| First name | Click or tap here to enter text. |
| Last name | Click or tap here to enter text. |
| Position | Click or tap here to enter text. |
| Department | Click or tap here to enter text. |
| Organisation | Click or tap here to enter text. |
| Postal address | Click or tap here to enter text. |
| Work phone | Click or tap here to enter text. |
| Mobile phone | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |
| Role in the research project | Click or tap here to enter text. |

Associate investigator 2/Project team member 2

| Title | Click or tap here to enter text. |
| --- | --- |
| First name | Click or tap here to enter text. |
| Last name | Click or tap here to enter text. |
| Position | Click or tap here to enter text. |
| Department | Click or tap here to enter text. |
| Organisation | Click or tap here to enter text. |
| Postal address | Click or tap here to enter text. |
| Work phone | Click or tap here to enter text. |
| Mobile phone | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |
| Role in the research project | Click or tap here to enter text. |

Add additional investigators as required

3.2.2 Contact person for this application

[ ]  Chief investigator/Project Lead

[ ]  Other. Please provide details

| Title | Click or tap here to enter text. |
| --- | --- |
| First name | Click or tap here to enter text. |
| Last name | Click or tap here to enter text. |
| Position | Click or tap here to enter text. |
| Department | Click or tap here to enter text. |
| Organisation | Click or tap here to enter text. |
| Postal address | Click or tap here to enter text. |
| Work phone | Click or tap here to enter text. |
| Mobile phone | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |

3.2.3 Additional organisations involved in the research, if applicable

| Organisation | Click or tap here to enter text. |
| --- | --- |
| Department | Click or tap here to enter text. |
| Role in the research | Click or tap here to enter text. |

Add additional tables as required.

3.3 Proposed research

3.3.1 Project detail

What is the background and rationale of the project?

| Click or tap here to enter text. |
| --- |

What are the project’s aims and objectives?

| Click or tap here to enter text. |
| --- |

What is your study design?

| Click or tap here to enter text. |
| --- |

If you are requesting access to NDIS data or data custodian sign off, go to Section 3.4.

For requests only relating to NDIA personnel for engagement in research as study subjects or expert advisors, go to Section 3.5.

For requests only relating to research collaboration, go to Section 3.8.

* 1. Tailored data requests

3.4.1 Type of NDIS data being requested

Please indicate the data being requested by selecting from the options below. Please refer to Appendix A in the [NDIS Public Data Sharing Policy](https://data.ndis.gov.au/public-data-sharing) and the metadata (data rules) at [NDIS Data and Insights – Data Downloads](https://data.ndis.gov.au/data-and-insights/data/data-downloads) for further details on data available. The data rules documents are available for participant, active providers, budget and market data downloads.

Please select all that apply

[ ]  Participant demographics data

[ ]  Participant access data

[ ]  Participant exits data

[ ]  Participant transition data

[ ]  Participant plan data

[ ]  Supports committed data

[ ]  Supports received data

[ ]  Supports paid data

[ ]  Supports in-kind data

[ ]  Provider registration data

[ ]  Participant outcomes data

[ ]  Participant pathway data

[ ]  Participant goals data

[ ]  Participant satisfaction data

[ ]  Carer demographics data

[ ]  Supports (mainstream interface) data

[ ]  ECEI program data

[ ]  Other, please describe

| Click or tap here to enter text. |
| --- |

3.4.2 Purpose of your data request

How will the information or data you are requesting assist your project in meeting its aims and objectives?

| Click or tap here to enter text. |
| --- |

3.4.3 Details of data required

Are you requesting individual level (non-aggregated) data?

[ ]  No, aggregated (summary) data only

[ ]  Yes. Please provide justification for your requirement of individual level data

| Click or tap here to enter text. |
| --- |

Are you requesting data about specific participants or provider groups?

[ ]  No

[ ]  Yes. Please provide details of inclusion and exclusion criteria (e.g. age, gender, disability type, location)

| Click or tap here to enter text. |
| --- |

Reporting period

| Date range (e.g. 01/01/2015 – 31/12/2017) | Click or tap here to enter text. |
| --- | --- |
| Time series (e.g. yearly, quarterly, monthly) | Click or tap here to enter text. |

Variables required and justification for their request

Please see [NDIS Data and Insights – Data Downloads](https://data.ndis.gov.au/data-and-insights/data/data-downloads) for metadata (‘data rules’)

| Variable | Details e.g. groups of interest | Justification for variables requested |
| --- | --- | --- |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

If your request is for individual unit level data, please go to Section 3.4.4.

If your request is for aggregated data:

* Go to Section 3.5 if you are also requesting access to NDIA personnel.
* Otherwise, please go to Section 3.6.

3.4.4 Privacy issues

Are you requesting access to personal information, or data that could potentially identify persons?

[ ]  No

[ ]  Yes. Please explain why this is necessary

| Click or tap here to enter text. |
| --- |

Will consent for access to this data be obtained?

☐ Yes. Please describe how consent will be obtained and provide all relevant participant consent forms with your application

| Click or tap here to enter text. |
| --- |

☐ No. Please provide details as to why your access to the data is permitted under law, without consent, (eg: in accordance with s 95 of the *Privacy Act 1988* (Cth))

| Click or tap here to enter text. |
| --- |

3.4.5 Data linkage

Do you intend to link this data with other dataset/s?

[ ]  No

[ ]  Yes. Please provide details of what dataset/s you will be linking this to

| Click or tap here to enter text. |
| --- |

Which organisation will be linking the data?

| Click or tap here to enter text. |
| --- |

Is this organisation an accredited Integrating Authority? (See: [Data Integration Toolkit](https://toolkit.data.gov.au/Data_Integration_-_Accredited_Integrating_Authorities.html))

[ ]  No

[ ]  Yes

For requests only relating to access to NDIA personnel for engagement in research as study subjects or expert advisors, go to Section 3.5.

If you are only requesting access to NDIS data or data custodian sign off, go to Section 3.6

* 1. Requests relating to NDIA personnel

**3.5.1 Type of request**

Which group are you seeking access to? Please select all that apply.

[ ]  NDIA planners and/or Local Area Community Partners (LACs)

[ ]  Subject Matter Experts (SMEs) or Strategic Advisor (SA) for example in the following areas:

* Aboriginal and Torres Strait Islanders and Inclusion Strategies (including people from Culturally and Linguistically Diverse backgrounds and LGBTIQA+ communities)
* Assistive technology
* Audiology and/or hearing loss
* Autism
* Behavioural support
* Chronic health and complex medical conditions
* Communication impairment/communication technology
* Contemporary and innovative approaches
* Early childhood early intervention
* Employment
* Health interface
* Home modifications
* Mental health and psychosocial disability
* Neurological and muscular degeneration

[ ]  Other e.g. Executive or Senior Management. Please specify

| Click or tap here to enter text. |
| --- |

Please provide a detailed description of your access request in the table below

| Subjects | Inclusion and exclusion criteria | Number of persons required | Estimated time commitment | Location | Project demands |
| --- | --- | --- | --- | --- | --- |
| NDIA planners | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| LACs | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| SMEs or SA | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Other: \_\_\_\_\_\_\_\_\_\_ | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

How will this request assist your project to meet its aims and objectives?

| Click or tap here to enter text. |
| --- |

3.5.2 Research procedures

How do you plan to recruit and consent subjects?

| Click or tap here to enter text. |
| --- |

How do you plan to collect the data?

| Click or tap here to enter text. |
| --- |

Please attach copies of any surveys, questionnaires or proposed interview or focus group questions.

* 1. Data storage and analysis

3.6.1 Data storage

How will the data provided or generated as part of this research project be stored?

| Click or tap here to enter text. |
| --- |

3.6.2 Data analysis

What is your data analysis plan?

| Click or tap here to enter text. |
| --- |

3.6.3 Data disposal

What is your plan for the safe and secure disposal of any data consistent with any consent obtained?

| Click or tap here to enter text. |
| --- |

* 1. Dissemination plan

How will the outputs of this project be shared, published or released? Please include details on:

* Publication type (e.g. conference, journal articles, technical reports, educational resource, etc.)
* Intended target audience
* Any sharing of raw or transformed data with other researchers or disclosure to a third party or the public

| Click or tap here to enter text. |
| --- |

Please go to Section 3.9.

* 1. Research collaboration

**3.8.1 Collaboration details**

If you are aware, please identify how the project links with any other research or evaluation projects planned or currently being delivered in the NDIA?

| Click or tap here to enter text. |
| --- |

Have you spoken with any staff member within the NDIA about this project or application?

[ ]  No

[ ]  Yes. Please confirm who you have spoken with in the NDIA about this application. Please do not provide contact details for a person you have not had direct contact with.

| Name | Click or tap here to enter text. |
| --- | --- |
| Position | Click or tap here to enter text. |
| Branch/Group | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |
| Phone | Click or tap here to enter text. |

Please provide a research plan with this application (maximum two pages)..

* 1. Conflicts of interest and risks

**3.9.1 Conflicts of interest**

Please provide details of any actual, potential or perceived conflicts of interest relevant to the research e.g. financial interests, preferential relationships, sponsorship, endorsements

| Click or tap here to enter text. |
| --- |

**3.9.2 Risks**

Please provide details of any potential risks for the NDIA, NDIS participants or other groups or entities, including any political or commercial risks

| Click or tap here to enter text. |
| --- |

* 1. Certification and endorsement

| Certification by Chief Investigator/ Project lead |
| --- |
| Tick the boxes to indicate that you have read and understood each clause. I, the Chief investigator/Project lead certify that:[ ]  All information in this application is truthful and as complete as possible.[ ]  I am aware of and understand the relevant legislation and regulations, and will ensure that the project will be conducted in accordance with these.[ ]  The information provided for this project by the NDIA will be used only as outlined in this application.[ ]  I will acknowledge the NDIA in any publications, reports or presentations resulting from this application.[ ]  The project will be conducted in accordance with the ethical and research arrangements of the organisations involved.[ ]  The project will be conducted in accordance with the protocol and conditions approved for this project.[ ]  Permission is granted for summary details of the project to be made publically available on an NDIS Public Register for reporting purposes. |

| Name of Chief investigator/Project lead | Click or tap here to enter text. |
| --- | --- |
| Signature | Click or tap here to enter text. |
| Date | Click or tap here to enter text. |

Endorsement by Head of Department (HoD) /Head of Research (HoR)

***If the HoD/HoR is named as an investigator on this project then independent sign-off must be provided.***

I have read the application and confirm that this project: has been developed and will be conducted in accordance with relevant [*Insert name of institution e.g. University of New South Wales*] standards, policies and codes of practice; has research merit; has adequate resources and appropriate leadership/supervision.

| Name | Click or tap here to enter text. |
| --- | --- |
| Position | Click or tap here to enter text. |
| Signature | Click or tap here to enter text. |
| Date | Click or tap here to enter text. |

* 1. Terms and conditions for supply of tailored NDIS data (if applicable)

If the NDIA agrees to supply you with the requested NDIS data, the data will be supplied to you on the basis of the following terms and conditions. In order for your request for NDIS data to be considered, you must sign this form to indicate your agreement to these terms and conditions. Additionally, a Data Sharing Agreement (DSA) will be drafted and must be accepted prior to any NDIS data being released.

NDIS liability position regarding data

Except to the extent that liability may not be lawfully excluded, the NDIA:

a) makes no warranty as to the suitability or fitness of the data for a particular purpose, quality, accuracy or merchantability; and

b) does not guarantee, and accepts no legal liability whatsoever arising from, or connected to, the use or representation of any data provided or subsequent use or representation through the use of this data by the requestor.

**Limited licence provisions and copyright information**

Intellectual Property Rights in data products, including copyright, are owned by the NDIA. Copyright notices appearing on data products or on information displayed or printed by the data product must not be removed.

A Requesting Organisation using data supplied by the NDIA is granted a non-exclusive, non-transferable license by the NDIA that allows authorised users to use the NDIS data for statistical purposes in accordance with the Undertaking signed by the Responsible Officer of the organisation.

**Attribution and no relationship with NDIA**

Any published article or report which has utilised or references NDIS data or analysis of a data product must cite the NDIA as the source of the data and include a prominently displayed notice that the results or views expressed are those of the author, and not those of the NDIA. Further, the Requesting Organisation must also stipulate that their research has not been prepared in collaboration or partnership with the NDIA. Lastly, intent to publish should be declared in the external data request.

**Use and storage of NDIS data**

Any NDIS data supplied must be stored securely and kept strictly confidential. The Requesting Organisation will not publish the data or disclose the data to any third parties, unless with the prior written agreement of the NDIA. If the Requesting Organisation becomes aware that the NDIS data supplied to it has been lost, published, or disclosed to or accessed by a third party, it will immediately inform the NDIA.

NDIS data must be deleted, with all hard copies securely destroyed, at the end of the research project. The Requesting Organisation agrees to immediately delete and destroy all records of NDIS data once no longer required, or otherwise as directed by the NDIA.

The Requesting Organisation agrees to allow the NDIA or any entity engaged on its behalf to audit how NDIS data is being stored or used by it, or to verify that the NDIS data has been securely disposed of.

**Tailored data release** **supply agreement**

| Project title | Click or tap here to enter text. |
| --- | --- |
| Name of Chief investigator/Project lead | Click or tap here to enter text. |
| Requesting Organisation  | Click or tap here to enter text. |
| Contact details | Click or tap here to enter text. |

Agreement to terms and undertaking

By signing this Undertaking, the the authorised representative of the Requesting Organisation (Head of Department (HoD)/Head of Research (HoR)) agrees to the following, as a legally enforceable agreement with the Agency:

* That they personally, and their organisation and its agents and employees will comply with the terms and conditions (set out on this form) upon which the NDIS data is supplied, if the NDIA agrees to supply the requested data; and
* That they are responsible for any liability arising out of misuse, loss, unauthorised access to the summary data once provided and to indemnify the NDIA for any damages or loss incurred in connection with the supply of the summary data to the organisation or any of its employees.

| Name of HoD/HoR | Click or tap here to enter text. |
| --- | --- |
| Position | Click or tap here to enter text. |
| Signature | Click or tap here to enter text. |
| Date | Click or tap here to enter text. |

* 1. Non-disclosure agreement

**Between**

**NATIONAL DISABILITY INSURANCE SCHEME LAUNCH TRANSITION AGENCY (ABN 25 617 475 104) of 43-45 Brougham St, Geelong VIC 3220 in the State of Victoria (“the NDIA”)**

**And**

**Requesting Organisation**

| Name of Chief Investigator | Click or tap here to enter text. |
| --- | --- |
| Name of Organisation | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |

The Project

| Project title | Click or tap here to enter text. |
| --- | --- |

Confidential Information

Confidential information means any information of the NDIA including protected Agency information (whether oral, written or pictorial) which is disclosed or made available in connection with the Project but does not include information that:

i. was in the public domain, or in the Requesting Organisation’s possession prior to the date of this agreement;

ii. comes into the public domain after the date of this agreement;

iii. is supplied to the Requesting Organisation by another party who is under no obligation of confidence to the NDIA.

Agreement to terms

By signing this Agreement, the Requesting Organisation agrees to the following, as a legally enforceable agreement with the NDIA:

1. That the Confidential Information provided or conveyed to it concerning the Project is made available by the NDIA for the purpose of considering, advising on, and/or evaluating the Project.

2. That the Requesting Organisation will not use the Confidential Information so provided for any other purpose than as stated in Clause 1 above without the consent of the NDIA.

3. That the Requesting Organisation will not disclose the Confidential Information provided to any other party, nor publish, use, reproduce or copy the Confidential information or allow it to be published, used, reproduced or copied by any other party, except

 i. as necessary for the purpose outline in Clause 1;

 ii. as required by law;

 iii. as permitted by the NDIA.

4. That the Requesting Organisation undertakes to maintain effective security measures to protect the Confidential Information from unauthorized access, use or disclosure

5. That upon the request of the NDIA the Requesting Organisation undertakes to deliver up all the Confidential Information provided by the NDIA within 14 days.

Authorisation

Who warrants that they are duly authorised to execute this agreement on behalf of the Requesting Organisation.

Signed by:

| Name of HoD/HoR | Click or tap here to enter text. |
| --- | --- |
| Position | Click or tap here to enter text. |
| Signature | Click or tap here to enter text. |
| Date | Click or tap here to enter text. |