

## Data Access Request Form

This form is designed to facilitate requests for access to institutional data by internal and external applicants.

Any individual or group that would like to use Michener's institutional data for scholarly activity, publication or presentation must complete and submit this form for review and approval by Michener's [Data Access Review Committee](#).

### Instructions for Applicants:

- Ensure all sections of this form are completed before submitting it to the Applied Educational Research Department.
- Include any supporting documents with your submission that is related to the request (e.g. ethics approval, research abstract, etc...)
- Send completed form and any supporting documents electronically to [research@michener.ca](mailto:research@michener.ca).

Section A: Applicant Information		
Full Name:	Position Title:	
Organization / Educational Affiliation:	Department:	
Mailing Address:	City, Province & Postal Code:	
Telephone#:	Email:	
Section B: Division / Department Approval (to be completed by internal applicants)		
<p><b>Michener applicants are required to obtain approval from their Chair/Supervisor before submitting this form.</b></p> <p>Has approval been granted from Chair or Supervisor to use institutional data?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>		
_____	_____	_____
Name of Chair/Supervisor (print)	Signature of Chair/Supervisor	Date

## Section C: Data Request Details

1) Is the request for data in support of your academic training program?  YES  NO

If yes, please indicate the applicable program:

Post-Doctoral       Masters       Resident/Clinical Fellow

PhD       Undergraduate       Other, please specify \_\_\_\_\_

### 2) **Description of Data**

a. Please describe the data you wish to access, including all relevant details about the scope of the data requested.

b. By when do you wish to receive the data? (Please specify date or approximate timeframe.)

3) Please specify in which department(s) the data requested is located or stored.

4) a. Please state the research question that the requested data will help you examine.

b. Please state the hypothesis or hypotheses that the requested data will help you examine.

5) Will the requested data be combined with other sources of data for this project?  YES  NO

If yes, please describe (a) the other data you plan to access, (b) how it will be combined, and (c) from where the other data will be obtained.

**Section D: Research Ethics Approval (this section only applies to research projects)**

6) Has this project been approved by a Research Ethics Board (REB) other than Michener's REB?

YES       NO

If **yes**, please provide a copy of the approval letter upon submission of this form.

If **no**, will you seek approval from a Research Ethics Board other than from Michener's REB?

YES       NO

Please use the space provided to provide any clarification about your plans regarding ethical review that may be helpful to the Committee. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Section E: Publication / Dissemination of Results**

7) Please list all individuals or groups with whom the requested data will be shared.

8) Will the requested data be used in any publication or presentation?       YES       NO

If yes, select all that apply from the list below.

Dissertation or Thesis

Conference poster, presentation or proceedings

Lecture or workshop

Journal article (paper or online)

Books, monographs or abstracts (paper or online)

Internal publication or presentation only (not for audiences external to my organization)

Other, please specify \_\_\_\_\_

\_\_\_\_\_

9) Is a project abstract or description included with this submission?       YES       NO

10) Peer Review Process Through Michener's Data Access Review Committee (DARC)

If access to the data requested in this form is approved, you will be required to submit your manuscript (article, presentation, etc.) for peer review by Michener's DARC at least 5 business days before the intended presentation or publication.

Please specify the date below that you expect to submit your presentation or manuscript for Michener peer review.

Date of Submission for Michener Peer Review: \_\_\_\_\_

Date of Intended Presentation or Publication: \_\_\_\_\_

11) Please indicate whether or not you will identify the Michener Institute in your research as the source of the data requested, and briefly explain why you plan to identify or not identify Michener.

**Section F: Applicant Agreement and Signature**

12) Applicant Agreement

I agree to the following conditions with regards to access to the data requested in this form, if approved by Michener's Data Access Review Committee (DARC).

- a) The data requested will be used only for the project or purpose outlined in this request form and only published, presented or disseminated as outlined in this request form. I understand that if I should wish to use the requested data in the future for some other project or purpose or to publish, present or disseminate it in ways other than specified in this request form, I must submit a new request form to Michener's DARC to seek approval.
  
- b) I understand that any proposed research involving human participants carried out at or in collaboration with The Michener Institute must be reviewed and approved by Michener's Research Ethics Board (REB) before the research can begin. I understand that if the data requested in this form pertains to Michener faculty, staff or students or other individuals associated with Michener, I must submit an application to Michener's REB to obtain approval to conduct my proposed research using the data requested in this form. Approval to access to Michener's data by the DARC does not constitute permission by Michener's REB to conduct the proposed research outlined in this form.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Questions about completing this form can be directed to:**

Applied Educational Research Office

Email: [research@michener.ca](mailto:research@michener.ca)

Telephone: (416) 596-3101 ext. **2340**