

Name of Public Body

Proposal to Access Personal Information for Research or Statistical Purposes

ans form is used to request access, for research or statistical purposes, to personal information contained
records covered by the <i>Freedom of Information and Protection of Privacy Act</i> (the <i>FOIP Act</i>). If this quest is approved by
quest is approved byName of Public Body
ou will be asked, prior to being provided access to records containing personal information, to sign a
search agreement that ensures that individuals' privacy will be protected when their personal
formation is in your custody.
he collection of the information on this form is authorized by the <i>Act</i> and will be used only to evaluate ad administer the request for access to personal information for the purpose of research.
he following person can answer any questions concerning this proposal or the collection of the formation on this form.
Name of Contact:
Title:
Name of Public Body:
Business Address
usiness Telephone Number: ()
ompleteness and clarity will assist the
Name of Public Body assess this proposal quickly.
abbob and proposal quickly.

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

Identification of Researcher

Name (Last, First,	Initials)			
Mailing Address	Street	City/Town/Village	Province	Postal Code
Telephone Number	r	Fax Number		
E-mail Address				
Provide the follow	wing additional inf	ormation, if applicable:		
		on (include department if relevant)		
Position				
Provide the name of	of your Academic Advi	sor 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 is not a be completed.	lready in place, explain the conditions and	d circumstances that will allow the project
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delition of Infor		
dditional Infor	ner information that you believe will assis	ıt
ause add any on	ter information that you believe will assis	in assessing this application.
	Name of Public Body	

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

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?
FOR PUBLIC BODY USE ONLY
The application for records pursuant to Section 42 or Section 43 of the Act is approved subject to the terms and conditions of a corresponding research agreement.
Signature of Authorized Official
Position
 Date