

Access to the New Zealand Cerebral Palsy Register Data Request Form

Section A: General Summary

Date:

Full Project Title:

	Person/s submitting	Position	Place of work/ contact details
1			
2			
3			
4			

1. Are you requesting the NZCPR assistance with (tick which is applicable):

Assistance with CP recruitment for research purposes

Specific details of request (Number of participants; GMFCS; Time frame etc):

Access to data/ data linkages for reporting / research purposes

Specific details of request (Number of participants; GMFCS; Time frame etc):

*Note: A financial fee may be charged for clinical / administrative time for large data recruitment projects and /or preparing data for data linkages.

2. Briefly describe this project (in lay terms) including the potential benefits for people with Cerebral Palsy in NZ: (up to 200 words)

Section B: Proposed Research

We require information on the following areas listed below.

Note: You can just attach a PDF copy of your HDEC ethics application.

- *Background / Justification*
- *Aims / Hypotheses*
- *Research Design*
- *Statistical analysis*
- *Endpoints / Analysis / Dissemination*
- *Responsiveness to Maori*
- *Project funding*

Section C: Document Checklist

Documents required for all applications:

- Ethics Application Form
- Ethics Approval Letter
- Participant Information Sheets and consent forms (if applicable)
- Questionnaires/ Surveys (if applicable)
- Evidence of Maori Consultation
- Evidence of scientific review attached
- Conflict of interest statement

Section E: Disclaimer

- I understand that the information I have provided on this form will be reviewed by the NZCPR Governance Committee Group. In this process every care will be taken to protect my privacy and intellectual property in relation to this project
- I understand the NZCPR Governance Committee Group member may be allocated to have oversight or a consultation role in the research project
- I understand the NZCPR Governance Committee Group has the right to review findings and results of the study prior to publication
- I understand that there may be a cost associated with NZCPR management team support/ assistance

NAME: _____ SIGN: _____ DATE: _____