# Confidentiality declaration and non-disclosure agreement form

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1. Read the guidelines before completing this form.
2. Keep a copy of all documents for your records.
3. Return the signed and completed form to the Abortion Statistics Team, 10 South Colonnade, London, E14 4PH.
4. Or by email to abortion.statistics@dhsc.gov.uk.
5. If you have any questions about completing this form, contact the Abortion Statistics Team on abortion.statistics@dhsc.gov.uk.
	1. General information

Date of request (dd/mm/yy)

Enter your response here.

What is the research or project title?

Enter your response here.

* 1. Details of data custodian

Data custodian's name

Enter your response here.

Data custodian's position or status

Enter your response here.

Data custodian's organisation

Enter your response here.

Data custodian's address

Enter your response here.

Address where data is to be held - if different to the above

Enter your response here.

Data custodian's telephone number

Enter your response here.

Data custodian's email address

Enter your response here.

Declaration

I, the data custodian named above, understand that the information is released to me with permission from the Chief Medical Officer under regulation 5(e) of the Abortion Regulations 1991 (bona fide scientific research) and will be used only for the purposes of the approved research or project identified above. I will ensure that the publication of any results using these abortion data are agreed by the Department of Health and Social Care. I have read, understood, and will follow the guidelines listed in the accompanying 'Protocol for the release of confidential abortions data for research purposes' document.

Enter your response here.

* 1. Confirmation of REC approval

Declaration

I, the data custodian named above, confirm the REC approval confirmation document is attached to this form.

Enter your response here.

Date (dd/mm/yy)

Enter your response here.

* 1. Details of contact person - if not the data custodian

Contact person's name

Enter your response here.

Contact person's address - if different to the data custodian's

Enter your response here.

Contact person's telephone number

Enter your response here.

Contact person's email address

Enter your response here.

Signature

Enter your response here.

Date (dd/mm/yy)

Enter your response here.

* 1. Names of additional assistants
1. Assistants must sign and date the form to acknowledge acceptance of the terms and conditions before being allowed access to the data.
2. Add the following information for each additional assistant.

Additional assistant's name

Enter your response here.

Additional assistant's organisation - if different to the data custodian's

Enter your response here.

Signature

Enter your response here.

Date (dd/mm/yy)

Enter your response here.

* 1. Data retention

How long do you wish to retain the data? (months and/or years)

1. If it's longer than 12 months, please justify your reasons below. The maximum data retention period is 3 years and then you need to delete the data or inform us that you wish to retain the data for a longer period. We will review your request and approve or deny it.

Enter your response here.

* 1. Data purposes

For what purpose will the data supplied be used for?

1. Please include details of your research or work and list all purposes (if there is more than one).

Enter your response here.

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