

Work Family & Health Network Application for Restricted Access Data Use

Please provide the following information about the applicant. Submit your completed WFHN restricted access data application and supporting files to wfnh@hsph.harvard.edu

Study Title: _____

Your Name: _____

Institution Name: _____

Address: _____

Address: _____

Relationship to institution:

Full-time student Postdoctoral Fellow Faculty Other _____

Name and institution of sponsoring faculty (*All students and postdoctoral scholars must provide the name of a faculty member who will supervise the proposed project*):

Name of dataset(s) requested: _____

Brief project description: (*Your project description must be clear and concise.*)

Please ensure that the following required files are attached. Applications will not be reviewed without a proposal, and data access will not be allowed without IRB approval.

- 1-2 page description of your proposed project.
- Letter of approval from my IRB.

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IRB Name of Institution: _____

IRB approval expiration date: _____

Please note that, if approved, your use of the restricted access data last for one year. We will extend agreements upon request on a case-by-case basis, but the individual must request an extension at least 6 weeks before the original expiration date. You are required to inform us via email if you leave your institution prior to the expiration date.

In using this data set I agree to abide by the following restrictions:

- a. I hereby acknowledge that I have read the Memorandum of Agreement (Exhibit A) between the Work Family & Health Network, Harvard University and Data Contributors relating to the Data requested.
- b. I will honor all agreements and conditions made: (1) between the Contributor of the Data and the participants, and (2) between the Contributor of the Data and the Work Family & Health Network, Harvard University, (the "Network"). These agreements and conditions are set forth in the Memorandum of Agreement between the Work Family & Health Network, Harvard University and Data Contributors, including Exhibit A thereto.
- c. I will not knowingly divulge any information that could be used to identify individual participants in the study and I agree to use such precautions as are reasonably necessary to prevent such identification. If I suspect that I might know a study participant, I will immediately inform the Network staff. If I recognize a study participant in the course of my research I will immediately ask the staff to remove that participant's data, and I will not use or retain a copy thereof.
- d. I understand that prior written permission of the Steering Committee is required for me either to reproduce any portion of the Data or to allow any other person or institution to examine the Data.
- e. If any portion of the Data is to be published, I will protect the data by placing copyright notice as may be required by the Steering Committee.
- f. When reports and/or publications are generated, I will make appropriate acknowledgment of the contributor as well as the Network for use of the Data, and will include the citations listed under "How to Cite" in the data documentation.
- g. I will send to the Network one electronic copy and one "hard" copy of any report or publication based directly or indirectly on use of the Data.
- h. Reproducing Research Materials (the Data): If this application includes a request for reproduction of any portion of the research materials listed above, I agree that the reproduction is to be made solely for my convenience in examining the research

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Materials for scholarly purposes; that it is to be returned upon completion of my work, but not later than 12 months after I receive the Data; that the reproduction will not itself be reproduced; and that it will not be examined or transferred to any other person or institution without the prior written permission of the Steering Committee. I agree to return all Materials to the Network upon completion of the proposed research project, but not later than 12 months after I receive the Data. (If the Materials are needed for the research project for an additional time period, written permission must be first obtained from the Steering Committee.)

BY TYPING MY NAME IN THE SPACE LABELED "SIGNATURE" BELOW (WHICH SHALL CONSTITUTE MY SIGNATURE) AND BY CLICKING ON THE "I AGREE" BUTTON BELOW, I CONFIRM (A) THAT I HAVE READ AND UNDERSTOOD EACH AND EVERY TERM SET FORTH ABOVE, (B) THE ABOVE REPRESENTATIONS AND THE INFORMATION I PROVIDE BELOW ARE ACCURATE, (C) THAT I HAVE THE AUTHORITY TO SIGN THIS FORM , AND (C) I AGREE TO BE BOUND BY THE ABOVE TERMS AND CONDITIONS, (D) AGREE NOT TO REPRODUCE ANY OF THE DATA, IN ANY FORM, WITHOUT PRIOR EXPRESS WRITTEN CONSENT OF THE STEERING COMMITTEE.

Signature: * _____

Affiliation: _____

Position: _____

Email : * _____

Phone: _____

Data Manager Contact Information (if applicable):

Name: _____

Position: _____

Email : _____

Phone: _____

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Exhibit A

Memorandum of Agreement for Work Family & Health Restricted-Access Data

1. The Work Family & Health Network (the Distributor) has granted me a revocable license to use this dataset solely for the purposes of conducting research, and the Distributor may terminate this license at any time and for any reason.
2. I will use the dataset solely for statistical analysis and reporting of aggregated information, and not for investigation of specific individuals or organizations, except when identification is authorized in writing by the Distributor.
3. I will produce no links among the Distributor's datasets or among the Distributor's data and other datasets that could identify individuals or organizations.
4. I represent that neither I, nor anyone I know, has any prior knowledge of the possible identities of any study participants in any dataset that I am being licensed to use.
5. I will not knowingly divulge any information that could be used to identify individual participants in the study, nor will I attempt to identify or contact any study participant, and I agree to use any precautions necessary to prevent such identification.
6. I will make no use of the identity of any person or establishment discovered inadvertently. If I suspect that I might recognize or know a study participant, I will immediately inform the Distributor, and I will not use or retain a copy of data regarding that study participant. If these measures to resolve an identity disclosure are not sufficient, the Distributor may terminate my use of the dataset.
7. I will not reproduce the dataset except as is necessary for my scholarly purposes. I will destroy the dataset upon the completion of my scholarly work with it.
8. I will not share data from the dataset (in any form or by any means) with any third party, including other members of my research team, as I understand that all users of data must obtain the data directly from the Distributor.
9. I will make appropriate acknowledgement of the contributor of the dataset as well as the Distributor in any manuscript or presentation (published or unpublished) using the citation standard documented here: <http://thedata.org/citation>
10. THE DISTRIBUTOR MAKES NO WARRANTIES, EXPRESS OR IMPLIED, BY OPERATION OF LAW OR OTHERWISE, REGARDING OR RELATING TO THE DATASET.