The NIHR BioResource for Translational Research in Common and Rare Diseases (the “NIHR BioResource”) will consider applications for access to its data for research. On the application being accepted, access to relevant data will be granted according to the Data Access Agreement.

All applicants, regardless of Institution, must complete this Application Form. There are 5 Sections in all. Please complete Sections 1 through 4 and the Addendum if there are more than 2 new Co-Applicants. Section 5 is for the NIHR BioResource only.

**Name of applicant and co-applicants, including affiliation and contact details:**

Please ensure that full postal and **email address** is included for **each applicant**. Institutional email addresses must be used. These email addresses are used for granting access to data, and only these applicants may access the Data. PhD student applicants **must** include their supervisor as a Co-Applicant and provide their full contact details in the Addendum.

**The NIHR BioResource reminds the Recipient and Registered Users that this document should be read in conjunction with the original Application referenced above all of which terms and conditions remain in full force and effect.**

**1 Organisation (Recipient):**

|  |  |
| --- | --- |
| Name of Organisation | *Click here to enter text.* |
| Address | *Click here to enter text.* |
| Name of Consortium, (if applicable) | *Click here to enter text.* |

**2 Applicants (Registered Users):**

Primary Applicant

|  |  |
| --- | --- |
| Name: | *Click here to enter text.* |
| Affiliation: | *Click here to enter text.* |
| Address :  | *Click here to enter text.* |
| Email :  | *Click here to enter text.* |

Co-Applicants

|  |  |
| --- | --- |
| Name: | *Click here to enter text.* |
| Affiliation: | *Click here to enter text.* |
| Address :  | *Click here to enter text.* |
| Email :  | *Click here to enter text.* |

|  |  |
| --- | --- |
| Name: | *Click here to enter text.* |
| Affiliation: | *Click here to enter text.* |
| Address :  | *Click here to enter text.* |
| Email :  | *Click here to enter text.* |
| [ ] Please check this box if there are more than two Co-Applicants and complete the Addendum |

**3 The Application**

|  |
| --- |
| **Please enter the DAA Reference number that has been given to the original Application****DAA:** *Click here to enter text.* |

In signing this Application, the Recipient and Registered Users agree to be bound by the terms and conditions for the access set out in the Data Access Agreement, which forms part of the Application referenced above.

**4 Organisation and Applicant Signatures**

**AGREED AND ACCEPTED by the Recipient and its Registered Users through their authorised signatories**

**For and on behalf of the Organisation (Recipient)** (Note: this should be someone who is authorised to sign legal contracts on behalf of your Organisation. It should not be someone listed in the Applicants.)

|  |  |
| --- | --- |
| **Name of Organisation** | *Click here to enter text.* |
| **Signed By:** | *Click here to sign* |
| **Print Name:** | *Click here to enter text.* |
| **Title** | *Click here to enter text.* |
| **Date:** |  *Click here to enter text.* |

**For and on behalf of Applicants (Registered Users):**

**Applicants (Registered Users) confirm that the contents of the application above are correct and acknowledge the contents of the Application and the Data Access Agreement appended thereto and agree to comply with the obligations therein.**

Please note that all Applicants and Registered Users need to sign.

**Primary Applicant**

|  |  |
| --- | --- |
| **Signed By:** | *Click here to sign* |
| **Print Name:** | *Click here to enter text.* |
| **Title** | *Click here to enter text.* |
| **Date:** |  *Click here to enter text.* |
| **Co-Applicants** | [ ]  Please check this box if there are more than two Co-Applicants and complete the Addendum |
| **Signed By:** | *Click here to sign* |
| **Print Name:** | *Click here to enter text.* |
| **Title** | *Click here to enter text.* |
| **Date:** |  *Click here to enter text.* |

|  |  |
| --- | --- |
| **Signed By:** | *Click here to sign* |
| **Print Name:** | *Click here to enter text.* |
| **Title** | *Click here to enter text.* |
| **Date:** | *Click here to enter text.* |

WHEN SUBMITTING THIS DOCUMENT, PLEASE INCLUDE ALL PAGES OF THIS DOCUMENT

Please submit forms containing the original signatures by email to:

dac@bioresource.nihr.ac.uk

**5 NIHR BioResource Approval**

By signing below through its authorised signatory, the NIHR BioResource agrees to grant access to the Recipient and its Registered Users as identified above.

|  |  |
| --- | --- |
| **Signed By:** | **For and on behalf of the NIHR BioResource** |
| **Print Name:** | *Click here to enter text.* |
| **Title** | *Click here to enter text.* |
| **Date:** | *Click here to enter text.* |

**ADDENDUM**

Please complete this Addendum to add additional Co-Applicants and PhD student supervisors.

**Registered Users confirm that the contents of the application above are correct and acknowledge the contents of the Data Access Agreement that is appended to the Application and agree to comply with the obligations therein.**

Co-Applicants

|  |  |
| --- | --- |
| Name: | *Click here to enter text.* |
| Affiliation: | *Click here to enter text.* |
| Address :  | *Click here to enter text.* |
| Email :  | *Click here to enter text.* |
| Signed By: | *Click here to sign* |
| Title | *Click here to enter text.* |
| Date: | *Click here to enter text.* |

|  |  |
| --- | --- |
| Name: | *Click here to enter text.* |
| Affiliation: | *Click here to enter text.* |
| Address :  | *Click here to enter text.* |
| Email :  | *Click here to enter text.* |
| Signed By: | *Click here to sign* |
| Title | *Click here to enter text.* |
| Date: | *Click here to enter text.* |

|  |  |
| --- | --- |
| Name: | *Click here to enter text.* |
| Affiliation: | *Click here to enter text.* |
| Address :  | *Click here to enter text.* |
| Email :  | *Click here to enter text.* |
| Signed By: | *Click here to sign* |
| Title | *Click here to enter text.* |
| Date: | *Click here to enter text.* |

|  |  |
| --- | --- |
| Name: | *Click here to enter text.* |
| Affiliation: | *Click here to enter text.* |
| Address :  | *Click here to enter text.* |
| Email :  | *Click here to enter text.* |
| Signed By: | *Click here to sign* |
| Title | *Click here to enter text.* |
| Date: | *Click here to enter text.* |