

NBSR Database Audit Proposal Form

Project Title	
Primary Audit Proposer (Please provide title, full name,	Title: Full Name
institution, phone number and e-mail	Institution:
address)	
	Email Address: Mobile Number:
Audit Co-proposers (Please provide	Mobile Number:
title, full name, institution, phone	
number and e-mail address)	
Sponsoring Consultant NBSR Data	Title:
Contributor	Full Name
	Institution:
(Please provide title, full name, institution, phone number and e-mail	Email Address:
address)	Mobile Number:
Description of Audit proposal	
Audit question being posed	
Primary and secondary	
outcome measures	
3. Summary of literature	
including previous	
publications on this subject	
(Please use additional pages	
as needed)	



Please provide credentials of audit team in handling large data and academic publishing (Please use additional pages as needed)		
Please state which fields from the NBSR dataset will be required and for which duration (Please check the data fields collected by NBSR and clearly mention using additional pages as needed. NBSR contributors should have access to data entry forms with the full list of all the data fields collected by the NBSR)		
Please state who will be data controller for the dataset and provide details of the Information Governance arrangements (including arrangements for data storage). Data will only be shared with you over an NHS email in a password protected file and password will be shared separately by mobile.		
Please confirm that you have read and understood the NBSR data policy, NBSR memorandum of understanding, and have the necessary funds (by placing your digital signature in the adjoining box).	Signature of Primary Audit Proposer	 Date

^{*} Please email all documents to NBSR Audit Subcommittee Lead Mr. Waleed Al-Khyatt.