**Amendment request form**

Use this template to submit an amendment to an approved application. The completed template will be reviewed by the Confidentiality Advice Team who will then confirm the appropriate action. The Confidentiality Advice Team can be contacted prior to completion to advise on whether the nature of the change requires a formal amendment. Supporting documentation can be used in conjunction with this form.

Please note that support for amendments will not come into effect until a final approval letter is provided.

**PIAG/ECC/CAG reference number:**

**Application title:**

**Amendment date:**

**Research / Non-research**

|  |
| --- |
| 1. Please indicate the nature of the change below. |
| Data flows  Data items  Data sources (see question 4)  Purposes of application  Data controller (please note that an amended application form and supporting documents setting out the new data controller arrangements will be required, you are advised to contact the Confidentiality Advice Team prior to submission)  Data processor (required to have a satisfactory Information Governance Toolkit submission in place - see question 6)  Duration amendment  Other (please specify): |

|  |
| --- |
| 1. Please summarise the change to the application, specifying how the amendment differs from the detail of the original application: |
|  |

|  |
| --- |
| 1. Please confirm the justification for the amendment. This should explicitly include the following:  * the reason why it is in the public interest for the amendment to proceed * the benefits that the amendment will, or is expected to, provide * The time period for which the amendment is expected to be required * The consequences if the amendment did not go ahead |
|  |

|  |
| --- |
| 1. If amending the data sources, has the data controller for this agreed in principle for this access to be provided? Please provide evidence of any authorization. |
|  |

|  |
| --- |
| 1. It is a requirement of the Regulations that an application cannot be inconsistent with the principles of the Data Protection Act 1998 (DPA). The first principle of the DPA requires that reasonable efforts are made to inform data subjects of the use of their data. The nature of the change may mean that there is a need to update the current information provided to patients. Please confirm whether patient information materials (websites, leaflets, posters etc.) have been updated to reflect the change and detail the changes below.   If no change is intended to be made, please specify the reasons for this decision. |
|  |

|  |
| --- |
| 1. All applicants processing confidential patient information under the Regulations are required to demonstrate that appropriate technical and organisational measures are taken to prevent unauthorised processing of that information.   This evidence is demonstrated through maintaining a satisfactory Information Governance Toolkit (IGT) submission for the length of time approval is in place. Please complete the following details: |
| Is a current IGT in place? Yes / No  If ‘no’, please explain current status, and predicted timescale to reach a satisfactory IG Toolkit score:  If ‘Yes’:  IGT Organisation code:  Current percentage score: %  IG Toolkit version:  Improvement plan in place?  Has the HSCIC IG Toolkit Team provided confirmation directly to the CAG that a satisfactory IGT submission is in place? (If not known please contact the HSCIC IGT Team ([exeter.helpdesk@hscic.gov.uk](mailto:exeter.helpdesk@hscic.gov.uk)) to ensure they send this information to [cag@hra.nhs.uk](mailto:cag@hra.nhs.uk) |

|  |
| --- |
| 7. If a research application, has an amendment to a Research Ethics Committee been submitted? Please provide supporting documentation/date to be reviewed/favourable ethical opinion. |
|  |

|  |
| --- |
| 8. Confirmation of contact details  Please confirm contact details for the purpose of our publicly available register of approved applications. |
| Applying organisation:  Contact Name and role:  Full address:  Telephone:  Email: |

Information Guardian/Chief Investigator Name:

Signed: Date:

This form should be submitted, in conjunction with any relevant supporting documentation, to [cag@hra.nhs.uk](mailto:cag@hra.nhs.uk). If you require any assistance in completing this form you are advised to contact the Confidentiality Advice Team on [cag@hra.nhs.uk](mailto:cag@hra.nhs.uk) or on 0207 104 8100.

Once submitted the form will be reviewed by the Confidentiality Advice Team in the first instance who will confirm whether the amendment is valid or if further information is required.

# Document Control

**Change Record**

| Version Status | Date of Change | Reason for Change |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Reviewers**

| Name | Position | Version Reviewed |
| --- | --- | --- |
|  |  |  |
| Confidentiality Advice Team | Approver | V1 |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Distribution of Approved Versions**

| Name of Person/Group | Position | Version Released |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |