**Authorisation from Data Custodian***(To accompany SSA form where Public Health Act Approval not required)*

Project Title:

ERM Project ID:

Principal Investigator:

**Dataset Name:**

I have considered this proposal and consulted the appropriate personnel and I confirm that I have seen all relevant documents that are required.

able to confirm that the data services indicated will be provided, within the present resources.

able to confirm that the data services indicated will be provided, if the following financial assistance is provided:

unable to provide data services indicated, on the following grounds:

No warranty is made regarding the fitness of the data, nor of the proposed methods, for the purpose for which the data will be provided.

Name       Date

Position       Hospital / HHS:

Signature ………………………………………………………………………………………