**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 ………………………………………………………………………………………