Attachment 9: Analyst access forms for NHDH

Please delete instructions in blue when complete.

| I I O IOOL LILIO | Pro | iect | title |
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Project identifier

Allocated by the National Health Data Hub (NHDH) secretariat as part of project approval.

Analyst details

Include name, organisation, email address and phone number.

Mandatory training sessions are held once a month for new analysts using the NHDH. To receive an invitation to the next training session please email the NHDH@aihw.gov.au inbox.

| | Signature | Date | | |
|-----------|--|------|--|--|
| | Name | | | |
| Applicant | | | | |
| • | I have signed the AIHW Confidentiality undertaking. | | | |
| • | I have read and understood the <i>Governance protocols</i> document and understand conditions of use for the NHDH. | | | |
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