

APHRC DATA REQUEST FORM

1. Identification

Name of person requesting the data:

Title/Position:

Organization/institution:

Postal address:

E-mail address:

Telephone No:

Fax Number:

2. Name of APHRC collaborator (if any):

3. Intended use of the data

(Provide a detailed abstract or concept of the study you propose to conduct using the data, including the background, rationale, data, and analytical methods)

4. Details of data requested

(Provide the title of the APHRC study, details of the specific data files and variables that you need and the formatting which it should be saved)

5. List of expected output(s) and dissemination policy

(List all deliverables and how you intend to disseminate the results)

6. Expected completion date (DD/MM/YYYY) of the research project

7. Research team members (other than the Lead Researcher)

(Provide names, titles, and affiliations of any other members of the research team who will have access to the data)

8. Declaration and signature

I declare that I have read the conditions for using APHRC data and will abide by the guidelines and the terms and conditions outlined above.

Name _____

Signature _____

Date _____

TO BE FILLED BY THE AUTHORIZING OFFICER AT APHRC.

(The response from the APHRC official should be given to the applicant not more than two weeks after the full application is submitted)

Name _____

Signature _____

Date _____

The completed Data Request Form should be sent to the respective Theme Leader or the Director of Research if the request involves data from across themes:

The African Population and Health Research Center
P.O. Box 10787
GPO-00100
Nairobi
E-mail: datarequests@aphrc.org