**STU Data Transfer Form**

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| --- | --- | --- | --- | --- | --- |
| **Project title** (if applicable) |  | | | | |
| **Overall title or description of data** | *To include full file name and information about file format* | | | | |
| **Purpose of data request** | *eg. Analysis, Reports, Electronic Archive etc.* | | | | |
| **Method of data transfer** | Encrypted USB / Encrypted Email / Website-OneDrive(credentials) / memory card / other: | | | | |
| **Participant identifiable data** | Yes |  | No |  |  |

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| --- | --- | --- | --- |
| **Details of the data sender** | | **Details of the approved data recipient** | |
| Name:  (First, Last) |  | Name:  (First, Last) |  |
| Organisation: |  | Organisation: |  |
| Email: |  | Email: |  |
| Phone : |  | Phone: |  |
| Date and Time data sent/ transferred:  dd / mmm / yy hh:mm |  |  |  |

|  |  |
| --- | --- |
| **Process for accessing data** | |
| Email confirmation of receipt received | dd / mmm / yy |
| Communication to provide password | dd / mmm / yy hh:mm  method used: |
| Access successfully confirmed by recipient | Yes No |
| Additional notes |  |