**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 |  |  |  |

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