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|  | **University of Huddersfield**  **IT Facilities Approval for High Risk (Security Sensitive) Research Projects**  On receipt of approval from Research and Enterprise, Computing and Library staff will **evaluate** the need for access to specific IT Facilities following discussion with the researcher.  The outcome will be recorded in 1. and 2. below. | | |
| **1.** | **Name of CLS staff member who carried out the evaluation** |  | |
| **2.** | **Evaluation outcome** | Delete the one that does not apply  Specific IT Facilities **are** required  Specific IT Facilities **are not** required | |
|  | If specific IT Facilities **are not** required the please complete the following:  Signature of CLS staff member named in 1. above:  Date:  **and pass the form to the Head of Core IT Infrastructure, Computing and Library Services**  Otherwise continue with the completion of the rest of this form. | | |
|  | This form is to be used to confirm handover of access to IT Facilities specifically aligned to the guidance provided by Universities UK to provide oversight of security sensitive research: <https://www.universitiesuk.ac.uk/policy-and-analysis/reports/Pages/security-sensitive-research-material-UK-universities-guidance.aspx>  This form will be completed by Computing and Library staff to confirm that the researcher being granted access to IT facilities provided for the access and storage of materials relating to security sensitive research has been made aware of and understands the conditions associated with access to these facilities. | | |
| **3** | **Name of Researcher** |  | |
| **4** | **Project Title** |  | |
| **5** | **School** |  | |
| **6** | **Category of Researcher** | Delete those that do not apply:  *Academic staff*  *Post Graduate Research Student* | |
| **7** | **Date of Approval by School Research Ethics Committee** | |  |
| **8** | **Name of Supervisor or Line Manager** | | Name:  University email address: |
| **9** | **Designated overseer for the datastore**  **(must be a member of academic staff not engaged in this particular project; this person has access only to document titles and name of researcher)** | | Name:  University email address: |
| **10** | **Start date for the project** | |  |
| **11** | **Planned end date for the project** | |  |
| **12** | **Date for end of retention of data for the project** | |  |
| **13** | **IT requirements provided**  Membership of Active Directory SSR security group  Access to data storage  Disk space provided:  Files types to be stored:  Other (if yes, please provide details): | | Yes/No  Yes/No  Yes/No |
| **14** | **To be completed by Computing and Library Services**  The IT facilities above, along with guidance on their proper use, have been provided by:  Name:  Signature:  Date: | | |
| **15** | **To be completed by the Researcher**  I confirm that I have taken receipt of the IT facilities described above and that I understand, and will abide by, the requirements for their proper use.  Name:  Signature:  Date: | | |
| **16.** | **The completed form must be sent to Head of Core IT Infrastructure, Computing and Library Services** [**j.m**.**radley@hud.ac.uk**](mailto:j.m.radley@hud.ac.uk) **who will distribute onwards to staff in the following roles at the University to communicate the outcome:**  Chair University Research Committee (PVC R&E)  Secretary of URG (Research and Impact Officer)  Deputy Director Research and Enterprise | | |