

**USER DETAILS FOR ACCESS TO  
SAMPLE FILE FOR ONTARIO CHILD HEALTH STUDY (OCHS)**

For students applying for access, this form should be completed by their supervisor. In these cases, please ensure that the name of the student & email is also noted on this sheet.

TITLE:	
NAME:	
INSTITUTION:	
CORRESPONDENCE ADDRESS:	
E-MAIL ADDRESS:	
PHONE NUMBER:	
FAX NUMBER:	
(If applicable) STUDENT NAME:	
STUDENT E-MAIL	

BRIEF DESCRIPTION OF INTENDED USE OF OCHS DATA:
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In registering as a user, I agree to the following conditions:

- I agree NOT to try to identify any individual participants or to attempt to compromise the anonymity of the entries in the data files.
- I agree to provide the OCHS database co-ordinators with the citations and copies of publications I produce using these data.
- I agree **NOT** to give OCHS data to any third party without the written or e-mailed permission of an OCHS database co-ordinator.
- I note that each person proposing to use any element of data connected with the OCHS needs to apply separately for permission to use the data. Please list of the names of any research assistants who will be accessing these data under your supervision:


\_\_\_\_\_  
Please sign above

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name here

Return your completed form to: OCHS Study User Team  
Offord Centre for Child Studies  
Hamilton Health Sciences  
Central Building 308  
Chedoke Division, Box 2000  
Hamilton, Ontario  
Canada L8N 3Z5

Attention: Laura Duncan

You may also scan the completed form and email to [duncanlj@mcmaster.ca](mailto:duncanlj@mcmaster.ca)

FOR OFFICE USE ONLY: APPLICATION APPROVED: ___ yes ___ no OCHS USER NUMBER: _____ APPROVAL DATE: _____
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