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| **ACCESS and USE REQUEST TO SWEJEM** |

*Fill in text in the YELLOW markings below*

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| **LEGAL NAME OF THE RECIPIENT INSTITUTION]**, [organization corporate form] having its registered office at [legal address], duly represented by [name of legal representative] |

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| **Purposes of access and use** |
| The transfer of the SweJEM is made for the following purposes: |
| [Describe how SweJEM shall be used in the research described in Attachment 1 and why the SweJEM transferred is necessary for the research.]  We have ethical permit for the project. Please include the approval as attachment 2, as well as the number of the approval here: [Insert]  We will apply for ethical permit  No ethical permission is needed |

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| Please indicate which JEM:s from SweJEM you need access to  for the purpose described in attachment 1: ***(Multiple answers are possible)***   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Physical workload |  | FoB85 | SSYK96 |  | | Psychosocial working conditions |  | FoB85 | SSYK96 |  | | Chemicals, particles and metals | FoB80 | FoB85 | SSYK96 |  | | Noise | FoB80 | FoB85 | SSYK96 | SSYK2012 | | Vibrations | FoB80 | FoB85 | SSYK96 | SSYK2012 | | Low employment quality |  |  | SSYK96 | SSYK2012 | |

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| **Title of the project**  **[**Insert**]** |

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| **What is the area coverage of your data? *(Example: Stockholm County, the whole of Sweden, etc.)***  **[**Insert**]** |

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| **For which time periods should you apply the SweJEM? *(Example from 1990 until 2013, or only specific years)***  **[**Insert**]** |

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| **Aim and research question(s) that will be assessed in the research described in Attachment 1**  **[**Insert**]** |

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| **Method description of the dataset for which the SweJEM will be merged to** |
| [Insert] |

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| **Anticipated results from the research described in Attachment 1** |
| [Insert] |

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| **Authorized Users** |
| The SweJEM transferred may be disclosed and used by the following personnel or categories of personnel:  [Insert names of natural persons, categories of personnel or similar who shall be allowed access to the SweJEM] |

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| **Additional useful information (storage limits and other relevant information)** |
| If the transfer of the SweJEM is meant by means of download on Recipient’s local infrastructure, the Recipient shall provide KI with reasonable information regarding the technical and organizational measures that it has in place for safeguarding the SweJEM.  [N/A or insert if applicable] |

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| **Contact points for enquiries** | | |
| **Recipient** |  | **Karolinska Institutet** |
| **[**Insert**]** |  | swejem@ki.se |

**Attachment 1**

Research plan

**Attachment 2**

Approval from the Ethical Board