

ADDENDUM TO SOUTH AUSTRALIAN DATA SHARING AGREEMENT

This form incorporates additional information to be shared under an existing data sharing agreement.

Reference number for existing agreement:

Title of project/program/initiative in existing agreement:

Date lodged with ODA:

1. ADDITIONAL DATA REQUESTED

Provide details of the additional data you require for this project/program/initiative. Consider dates, geographic locations, age groups or agency-specific categories.

How is this additional data related to the original purpose of the project/program/initiative?

How will this additional data improve the existing project/program/initiative?

Specify the frequency of data transmission requested (e.g. one-off vs ongoing real-time).

- One-off. Specify when this will occur:
- Continuous/periodic sharing. Provide details of frequency: e.g. weekly.

Date of final transmission (if applicable)

Requests for additional data to an existing data sharing agreement must still meet the requirements of the Five Safes.

Will the sharing of this additional data be as per the original agreement? (e.g. no change to the Five Safes.)

Yes No

If Yes, proceed to Signatures and Approval.

If No, please indicate the element that has changed from the original agreement:

Safe Projects. Provide details of amendment:

Safe People. Provide details of amendment:

Safe Data. Provide details of amendment:

Safe Settings. Provide details of amendment:

Safe Outputs. Provide details of amendment:

2. SIGNATURES AND APPROVAL FOR ADDITIONAL DATA

Please ensure the signatories have appropriate delegation to authorise this request (e.g. data custodian, executive/Chief Executive or Minister).

1. Agency/Department/Organisation	
Data Custodian	
Phone number	
Email	
Physical address	

Data recipient/data provider/both	
Signature	
Date	

2. Agency/Department/Organisation	
Data Custodian	
Phone number	
Email	
Physical address	
Data recipient/data provider/both	
Signature	
Date	

3. Agency/Department/Organisation	
Data Custodian	
Phone number	
Email	
Physical address	
Data recipient/data provider/both	
Signature	
Date	

Minister (if required)	Hon Steven Marshall MP Premier
Signature	
Date	