

# Data Request

HEALTH INFORMATION TEAM (HIT)



Queensland Aboriginal and  
Islander Health Council

<b>Date of request:</b>	<b>Date data is required by:</b>
<b>First name:</b>	<b>Last name:</b>
<b>Phone:</b>	<b>Email:</b>
<b>Job Title:</b>	<b>Organisation:</b>

## Data Requested:

### Aggregation

- Aboriginal and Islander CCHS data
- QAIHC Region Data
- Queensland Data
- Other regional data
- Other .....

### Ethnicity

- Aboriginal
- Torres Strait Islander
- Aboriginal and Torres Strait Islander
- Non – Indigenous
- All ethnicities
- Not Recorded

### Patient Activity

- Active (3 visits in 2 years)
- Not Active
- All Patients
- Recent (last visit in <6months)
- Regular and Recent
- Other .....

### Time series

- One time point
- Multiple time points
- By specific date range .....
- Other .....

### Data Type

- Count
- Percentages
- Both
- Other .....

**Detailed description of request – what data is required?**

*You could include additional information above about date, age, sex, visits, conditions, medications, MBS etc*

**Reason for data request – why is the data required?**

**Purpose of the Data** — what will the data be used for?

Please describe in the box above and tick box below:

- Funding
- Research
- Report
- Service planning
- Publication
- Policy submission
- Other .....

**In what format would you like to receive the data?**

- Excel file
- PDF
- PPT
- Word
- Map
- Other .....

**Do you plan to publish or present data in the public domain?**  Yes  No

If yes, please specify:

**CONDITION OF RELEASE WAIVER:**

I have read and understand the QAIHC Data Governance Protocols and the Conditions of Data Release

Yes  No

**Signature:**

**Date:**

For more information contact the QAIHC Health Information Team  
T 07 33288557 | E HIT@qaihc.com.au

## QAIHC INTERNAL USE: Health Information Team

**Data request received and assessed:**

**Staff member:**

**Date:**

**Data reviewed and checked:**

**Staff member:**

**Date:**

**Authorised for release approval:**

**Staff member:**

**Job Title:**

**Signature:**

**Date:**

**Administration:**

**Data Request Number:**