

**TRE Accreditation**

**Declaration of Interest Form**

This form should be used by organisations who wish to apply for the accreditation of their TRE for the analysis of Our Future Health data. Filling in and submitting this form is the first step in the application process, and will be used to identify:

1. If the organisation is eligible for application for TRE accreditation.
   1. *Large commercial entities who are not Founding Industry Members of Our Future Health are not eligible to apply.*
   2. *Organisations not intending to conduct research studies (e.g. TRE vendors) are not eligible to apply.*
2. If a UK GDPR Transfer Impact Assessment is required.

Email your completed form to [treaccreditation@ourfuturehealth.org.uk](mailto:treaccreditation@ourfuturehealth.org.uk).

Our Future Health will respond via email within 7 working days to confirm eligibility for accreditation application, to confirm organisation-specific details for the application, to provide the latest application documentation, and to introduce the applicant via email to the assessor.

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| **Question** | **Answer** | **Guidance** |
| Organisation name |  | *Name of TRE Owner accountable for the TRE.* |
| Registered Office Address |  |  |
| Full name of the immediate parent company |  |  |
| Full name of the ultimate parent company |  |  |
| Country in which TRE servers are located |  |  |
| Please confirm that one of, and which of, the following statements is true:  a) A Registered Researcher employed by, affiliated with, or in a research collaboration with the applicant organisation already has an Approved Study. Please provide the studyID.  b) A Registered Researcher employed by, affiliated with, or in a research collaboration with the applicant organisation intends to submit/is in process with submitting a request for an Approved Study to the Access Board. |  | *Note: Our Future Health will only accredit TRE Owners intending to conduct research studies with Our Future Health data (i.e. Our Future Health will not accredit SaaS vendors of TREs)* |
| Provide a rationale for why the applicant wishes to use its own TRE and not the Our Future Health TRE. Include where possible the health research benefits in the public interest. |  |  |
| Lead Applicant Contact Name |  |  |
| Lead Applicant Contact Role |  |  |
| E-mail Address: |  |  |