REQUEST FOR RESTRICTION OF ACCESS TO FINAL THESIS AFTER APPROVAL OF
THE AWARD

To be completed only for the restriction of confidential theses or a specified part (including any confidential appendix) of a thesis
[See rule 61 of the Research Awards Rule 2016]

Full Name: __________________________________________________________

Student ID: __________________________

School: __________________________ College: __________________________

Thesis Title: __________________________________________________________

Instructions: You should complete this form only if you want to have access to your final thesis restricted beyond 12 months after the date of deposit (see the Final Copy of Thesis form). To restrict access for 12 months for your digital copy apply through the online portal.

There is a presumption against the use of confidential information in theses. The general policy of the University is that theses should, on completion, be available for reading by all staff and students of the University, and by all enquirers from the wider community. See the HDR - Use of confidential or restricted information in research theses procedure, section 2.

Note: all theses under examination will be treated in confidence for the duration of the examination. This means you do not need to fill in this form to ensure your thesis will be treated in confidence during the examination process.

With respect to the final corrected thesis deposited to the Library, I wish to seek consent from the Deputy Vice Chancellor (Research) that restricted access to the following be granted:

☐ The "Confidential Appendix" of the thesis; or
☐ The thesis as a whole; or
☐ Those chapters of the thesis specified below (attach a separate sheet if necessary):

_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

Reasons for restricted access should include a brief but concrete summary addressing the following points:

- why your interests would be damaged by making the thesis available;
- why these risks abate after the period of the requested delay;
- whether these risks were known (by you and/or supervisor at the time of application for candidature or approval of the thesis topic);
- whether applications for patents or other protection for intellectual property have been submitted and you are listed as an inventor;
- whether the studies were funded under contract from a funder and the contracts requires the thesis to be held on restricted access;
- whether the thesis contains confidential material or material which may cause distress, offence to or impact the safety and security of particular groups.
**Types of situation where restriction of the final thesis** is requested may include:

- Commercial e.g. patent;
- Protection of sources, including candidate;
- Cultural sensitivities;
- Other (please specify):

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

**Restriction Period (indicate years or months):** ______________

_______________________________________________________________________________

After submission of this approved request, a separate confidentiality agreement will be forwarded to all examiners in addition to standard information. The purpose of the confidentiality agreement will be to inform the examiners of the ongoing requirement for non-disclosure beyond the examination period until the date specified.

**Requested by:**

(Name)______________________________________________________________

(Signature)________________________________________ Date: ___/___/20____

_HDR Candidate_

**Endorsed by:**

(Name)______________________________________________________________

(Signature)________________________________________ Date: ___/___/20____

_Delegated Authority_

**Endorsed by:**

(Name)______________________________________________________________

(Signature)________________________________________ Date: ___/___/20____

_Associate Dean_

**Approved by:**

(Name)______________________________________________________________

(Signature)________________________________________ Date: ___/___/20____

_Deputy Vice-Chancellor/Pro Vice-Chancellor (Research and Research Training)_