



Application to Participate in Research Form

SECTION A – GENERA	AL INFORMATION	·		_
1. Title of Research	Project:			
2. a) Investigator Ir	formation:			
	Name & Position	Dept./Address	Phone No.	Email
Principal Investigator (PI)*		-		
Faculty: Co-Investigator(s)				
Student Investigator(s)				
Graduate Supervisor				
Other Investigator(s)				
who are completing	research for education seived support to submit	nal purposes. it your research study f	-	iclude faculty/staff
	npleted the TCPS2 COR		l a copy of your certifica	ate?
3. Proposed Date:	a) Commencement: _	b) Completion:	
research investigation	ement date should be ons (including participa search, including any f	nt recruitment). The c	ompletion date should	
4. Indicate the loca	tion(s) where the resea	arch will be conducted	:	





5.		earch Ethics Board Approval ny other institutional Ethics Board approved this	project? Yes No N/A
	i. ii.	If YES, please provide the following information	n:
		Title of the project approvedelsewhere:	
		Name of the other institution:	
		Name of the other Ethics Board:	
		Date of the decision:	
		A contact name and phone number for the other Board:	
		OR	
		A copy of the clearance certificate/approval Alalready approved	ND final copies of all supporting documentation
	iii.	Do you plan on submitting to another institution ☐ Yes ☐ No ☐ N/A	on Ethics Board with this project in the future?
6.	Project Fur a) Is this	nding project currently funded? Yes No N/A	A
	i.	If YES , please indicate:	
		Period of Funding From:	To:
		Agency or sponsor (funded or applied for): ☐ CIHR:	
		□ NSERC:	
		□ SSHRC:	
		□ OCE:	
		☐ CFI:	
		□ Other:	



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Note: Please specify the complete title of the funding source. For example, 'NSERC Discovery Grant"

Note: If the funding source changes, or if a previously unfunded project receives funding, you must submit a change/amendment form.

7. Conflict of Interest

b)

c)

a)	Will th memb	ne researcher(s), members of the research team, and/or their partners or immediate family pers:
	i.	Receive any personal benefits (for example, a financial benefit such as remuneration, intellectual property rights, rights of employment, consultancies, board membership, share ownership, stock options, etc.) as a result of or connected to this study? \square Yes \square No \square N/A
	ii.	If YES , please describe the personal benefits below. (Do not include conference and travel expense coverage, possible academic promotion, or other benefits which are integral to the general conduct of research.)
	iii.	
b)	resear institu	ere any real, perceived or potential <u>conflicts of interest</u> of which you are aware (for example, chers who will benefit financially from the research, research which may be in conflict with itional roles and responsibilities, faculty members who may be responsible for awarding pant grades)? \square Yes \square No \square N/A
	If YES	6, please explain:
c)		ere any restrictions regarding access to or disclosure of information (during or at the end of the that the sponsor or institution has placed on the investigator(s)? \Box Yes \Box No \Box N/A
	If YES	5, please explain:



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	d)	Is there the possibility of commercialization of the research findings? \Box Yes \Box No \Box N/A
SE	CTION	N B – SUMMARY OF THE PROPOSED RESEARCH
8.	Ratio	onale
	a)	Describe the purpose and background rationale for the proposed project, as well as the hypothesis(es)/research question(s) to be examined. This needs to be consistent with what is stated in all information letters and consent forms.
		Please explain purpose, background, hypotheses and predictions.
9.	Sign	ificance of the Research in the Real World
	a)	Describe how this research is significant in real-world applications.
10	. Met	hodology
	a)	Describe sequentially, and in detail, all procedures in which the research participants will be involved (e.g., paper and pencil tasks, interviews, surveys, questionnaires, physical assessments, physiological tests, time requirements, etc.). Note: Attach a copy of all questionnaire(s), interview guides or other test instruments.

b) Does this research involve human participation? \square Yes \square No





	he nature of the research create vulnerable \square No \square N/A	vility for any of the groups listed below?
i.	If YES , check all that apply:	
	 □ People with relevant health issues □ People in medical emergencies □ Indigenous people □ People in long-term care □ People with mental health issues □ Other (please specify): 	 ☐ Children ☐ Elderly people ☐ People in poverty ☐ People in prison ☐ People who are unable to consent
ii.	If YES 10c) above, please explain your so	reening process:
Note: Research screening is cor		ed during screening in a secure manner as soon as
	Please explain how you will destroy yo	our screening data securely:
11. Recruitmen	t	
a) How	do you plan to recruit participants? (Plea	ise check all that apply):
☐ Inve ☐ Indi ☐ Dat ☐ Dire		r faculty pased) contact



If OTHER, please specify:	
b) Do you screen personal health information to identify potential participants? ☐ Yes ☐ No ☐ N/A	
c) Does your recruitment plan require you to contact potential participants by:	
Telephone ☐ Yes ☐ No ☐ N/A Personal Email ☐ Yes ☐ No ☐ N/A Anonymous Email ☐ Yes ☐ No ☐ N/A Letter ☐ Yes ☐ No ☐ N/A	
Note: If you answered YES to any category above, please attach a copy of all telephone scripts and recruitment correspondence.	nt
12. Informed Consent	
a) Will you be seeking $written$ consent from participants? \square Yes \square No \square N/A	
i. If YES , please attach a copy of the Information Letter and Consent Form for Participants.	
Note: Participants should <i>actively</i> choose whether or not to participate. A lack of response (i.e. a statement of as "you will be assumed to want to participate unless you indicate otherwise to the researchers") should not construed to imply consent. Written consent is not required in all circumstances. For example, you could requiparticipants to click a box in an online survey or provide verbal consent.	be
b) If consent will not be written, please provide details of how you will obtain and document consent in the box below.	
c) Will any participants be minors (i.e. ages 0-18)? \square Yes \square No \square N/A	
d) Will all participants be competent to consent? ☐ Yes ☐ No ☐ N/A Application to Participate in Research – July 2023 6	





Mha will obtain consent to participate for miners or those not competent to consent?
Who will obtain consent to participate for minors or those not competent to consent?
When and where will this be done?
Do you need to request a waiver of consent? ☐ Yes ☐ No ☐ N/A
i. If YES, please explain:





	i.	If YES, how will you manage and minimize any undue influence?
j)		ontinuing consent (for example, research which may continue beyond an academic year) be ed during the study? \square Yes \square No \square N/A
	i.	If YES , please explain:
k)	Will pa	articipants have the option to withdraw from this study? \square Yes $\ \square$ No $\ \square$ N/A
	i.	If YES, what do they have to do to withdraw?
I)		te what will be done with the participant's data and any consequences for the participant rawing from the study.
m)	If parti	cipants will not have the right to withdraw from the project, please explain the rationale:





n)	Will yo	u be using deception in your research? \square Yes $\ \square$ No $\ \square$ N/A
	i.	If YES , please explain:
13. Colle	ction o	f Personal Information
a)	Please	check all types of data which you intend to collect:
		ntifying information which identifies a participant through direct identifiers (e.g. full name, all record number)
		ntifiable information which could identify a participant through a combination of indirect iers (e.g. DOB plus address)
		dentified/coded information in which identifiers are removed and replaced with a code; the an be used to re-identify participants
	□ Ano	nymized information in which all identifiers are removed and no code is kept
	☐ Ano	nymous information in which no identifiers are collected
b)	Will all	data be treated as confidential? \square Yes \square No \square N/A
	i.	If NO , please explain:
c)	Will yo	u collect any Personal Health Information (PHI)? Yes No N/A





<u>Note</u>: The collection, use and disclosure of Personal Health Information (PHI) is regulated by the Personal Health Information Protection Act (PHIPA). Researchers must comply with this legislation. Collection of participant SIN (social insurance number) is prohibited, unless payments to participant exceed \$500/year (required for tax purposes). PHI should be collected at the lowest level of identifiability possible (e.g. initials instead of a name, age instead of DOB)

Please detail the specific identifiers required for this study:

	Identifier (Check all that apply) Why is this necessary?
	Full name
	Initials
	Student/Employee number
	Social insurance number
	Health card number
	Medical record number
	Address
	Full postal code
	Partial postal code
	Telephone number
	Email
	Physician
	Date of birth
	Age
	Other (Specify)
d)	How will you record study data?
	☐ Case report form
	☐ Other, please specify:

14. Storage and Protection of Information

Note: PHIPA Requirements

- Paper files with identifiable information must be kept in a locked cabinet within a locked office (but not at home)
- Electronic files with identifiable information may be stored on a password-protected computer on a secure network (i.e. Virus protection, file backup, firewall) or they must be encrypted



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- Electronic files with identifiable information may be stored on mobile devices (e.g. laptop, CD, USB, PDA), but no alternative method of storage; these files must be encrypted
- Identifying and/or identifiable PHI cannot be transmitted by email unless it is encrypted

Note: Coding

- Identifying and/or identifiable PHI should be protected by a coding system
- The code (study ID and identifiable PHI) must be isolated from study data and stored in a secure manner

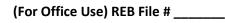
a) Will you use a coding system to protect identifiable information? ☐ Yes ☐ No ☐ N/A			
i. If NO , ple	ase explain:		
b) How will you store and protect the study code (or other data with identifiers)?			
Type of Record	Required Protection	Location (ex. building, room)	
Paper File	☐ Locked cabinet in locked institutional office		
	☐ Password protected computer on a secure network		
	☐ Encrypted (specify software used):		
	☐ Identifiers and participant data are		
	stored separately		
c) How will you st	ore and protect data without identifiers	?	
d) Do vou plan to	anonymize the study data? \Box Yes \Box N	No □ N/A	



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	i.	If YES , at what point in the study?
Note: You	ı are r	required to destroy identifiers or links at the earliest possible time.
e)	How	long will you keep the study data?
		idy requires Health Canada approval, records must be retained for 25 years. For all other studies, mends seven years. Sponsors and institutions may set out other requirements.
f)	Do y	vou plan on physically moving the data? \square Yes \square No \square N/A
	i.	If YES, how will the data be secured while in motion?
f)	Wha	at What will you do with the study data after this period?

<u>Note</u>: Use of data for <u>purposes other than those for which the data were originally collected</u> is considered to be secondary use of data and requires the participant's permission.





15. Transmission of Data

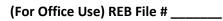
-		he research data be move outside its original location of collection ((for example, sent for cription or uploaded to a central data repository)? \Box Yes \Box No \Box N/A	
b)	If YES ,	s, do these data to be transmitted include identifiers? \square Yes \square No \square N/A	
	i.	If YES, please provide details on the data transfer agreement:	
	ii.	If YES, where will the data be sent?	
Note: Da	nta sen	nt to the United States, or uploaded to American servers (e.g. Survey Monkey), are open to a	ıccess
by Amer	ican re	regulatory bodies. Researchers must inform study participants of this possibility.	
c)		ase list the names and affiliations of persons outside of your research team who will have acce the identifiable data.	SS
	Na	ame Institutional Affiliation	

<u>Note</u>: If you require outside sources to have access to participant data, you need to ensure that mechanisms are in place to ensure data security, confidentiality and anonymity.





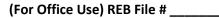
d) How will the data be transmitted? Fax Email (Note: Encryption protocol must be attached) Private Courier (Note: Delivery must be traceable)			
	 □ Canada Xpresspost (Note: Regular mail may not be used) □ Other, please explain: 		
16. Second	ary Use of Data		
a)	Will you combine your research data with any other data sets? \square Yes \square No \square N/A		
	i. If YES , please specify:		
	Identify the dataset:		
	Explain how the linkage will occur:		
	Provide a list of data items contained in the dataset:		
b)	Will your data be entered into another database for future use? \square Yes \square No \square N/A		
	i. If YES , please specify:		
	Where it will be stored?		
	Who will be the custodian?		
	Who will have access to the database?		
	What security measures will be in place?		





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a)	What is your experience with this kind of research?
www.pr	is strongly recommended that researchers complete the free online TCPS training, available at: re.ethics.gc.ca/eng/education/tutorial-didacticiel/. Please attach a copy of the certificate if you have ted the training.
18. Com	npensation
a)	Will participants receive compensation for participation?
	a. Financial □ Yes □ No □ N/A
	b. Non-Financial □ Yes □ No □ N/A
b)	If YES to either i) or ii) above, please provide details, including when compensation is to be paid.
c)	If participants choose to withdraw, how will you deal with compensation if already provided?





SECTION C - DESCRIPTION OF THE RISKS AND BENEFITS OF THE PROPOSED RESEARCH

19. Possible Risks to Participants

a)	Indicate if the participants might experience any of the following risks:			
	Physical risk (including any bodily contact or administration of any substance)?	☐ Yes	□ No	□ N/A
	Psychological risks (including feeling demeaned, embarrassed worried or upset)?	☐ Yes	□ No	□ N/A
	Social risks (including possible loss of status, privacy and/or reputation)?	☐ Yes	□ No	□ N/A
	Economic risks (including incurring expenses, loss of incentive)?	□ Yes	□ No	□ N/A
	Academic risks (including loss of bonus marks or course standing)?	☐ Yes	□ No	□ N/A
	Potential access to personal data	☐ Yes	□ No	□ N/A
	Are any possible risks to participants greater than those the participants might encounter in their everyday life?	☐ Yes	□ No	□ N/A
b)	If you answered YES to any of the risks above, please explain the	risk.		
c)	Please comment on the magnitude of harm participants are likely it as minimal, substantial, transient or longer lasting?	y to encour	nter, i.e. wo	ould you assess





d)	Please comment on the probability that participants will encounter harm, i.e. would you assess it as low, medium or high?		
e)	Describe how the risks will be managed (including an explanation as to why alternative approaches could not be used).		
Poss	sible Risks to Researchers		
P	lease describe any risks to researchers which you anticipate.		
Poss	sible Benefits to Participants		
a)	Discuss any potential direct benefits to the participants from their involvement in the project. Comment on the (potential) benefits to the scientific community/society that would justify involvement of participants in this study.		

20.

21.





22.	Possible	Benefits to	Researchers

a) Discuss any potential direct benefits to the researchers from their involvement in the project.
SECTION D – PARTICIPANT FEEDBACK
23. Explain what feedback/ information will be provided to the participants after participation in the project.
(For example, a more complete description of the purpose of the research, or access to the results of the
research). Indicate when results will be available and, if they will be made available on the internet, the URL to be used to access the results:
Note: Feedback should be provided in a way which is accessible to participants. For example, some participants may not have access to a computer, so uploading results to a website may not be sufficient.
SECTION E – MONITORING ONGOING RESEARCH
24. Annual Review and Adverse Events
a) Protocol review requires the completion of a "Renewal/Completed Status Report" at least annually.
Indicate whether any additional monitoring or review would be appropriate for this project.

Note: It is the principal investigator's responsibility to notify the REB when the project is completed, or if it

is cancelled, using the appropriate form.





reported	events (i.e. unanticipated negative consequences or results affecting participants) must be to the Research Ethics Board and the Research Ethics Coordinator as soon as possible using available on this website.
	of Findings Ian to publish or present the findings outside of the College/institution? ☐ No ☐ N/A
i.	If YES , please explain dissemination strategy.
ii.	If NO , the only use of the data will be for course/program decision making. All ethics principles must be met, however, REB approval may not be required.
26. Additional Info	ormation



SECTION F - SIGNATURES

Principal Investigator (PI) Assurance:

Finicipal investigator (FI) Assurance.
I, [PLEASE PRINT] have the ultimate responsibility for the conduct of the study described in this application including my responsibilities as an advisor to any students involved in this project. I have read and am responsible for the content of this application. The information provided is complete and accurate. I understand that, as Principal Investigator, I will be the primary link with the REB, other researchers involved with this project, and the research participants. I agree to conduct the research in accordance with the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans and by the Policies and Procedures at Loyalist College for Ethical Conduct of Research.
I also understand that if I make any additional changes whatsoever to the sample documents provided with this application (including, but not limited to, the recruitment scripts, information and consent letters, survey questions, interview or focus group questions), I need to complete a change request form and submit this to the REB for review. I further understand that these changes, if determined to be substantive by the REB, may require a new application if they constitute new research. If any changes are made in the above arrangement or procedures, or if adverse events are observed, I will bring these to the attention of the Research Ethics Coordinator immediately.
I understand that if I fail to advise the REB of any changes or adverse events, or fail to comply with research protocols outlined in this application, or make any unauthorized changes to any document submitted with th application, the Certificate of Ethical Acceptability may be rescinded by the REB.
Signature of Principal Investigator Date
Please email a copy with signature to:
Kurstin Salisbury - Research Ethics Board Coordinator ksalisbury@loyalistcollege.com
Loyalist College Applied Arts and Technology 376 Wallbridge-Loyalist Road

P.O Box 4200 Belleville, ON K8N 5B9

(613) 969-1913, ext. 2275





If your study is determined to be high risk and requires a full board review, you will be asked to provide the following:

Original Copy + Five additional copies of the following DOCUMENTS	√ if applicable
Recruitment Materials	
Letter of invitation	
Verbal script	
Telephone script	
 Advertisements (newspapers, posters, etc.) 	
Electronic correspondence guide	Ц
Consent Materials	
Consent form	
Assent form for minors	
Parental/third party consent	
Transcriber confidentiality agreement	Ц
Data Gathering Instruments	
Questionnaires	
Interview guides	
Tests	
Feedback Letter	
Letter of Approval for research from cooperating organizations, school board(s), or other institutions	
Any previously approved protocol to which you refer	