Research Involving Human Subjects Ethics Application

1. **Research team**
2. Principle investigator

PI name:

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| Click or tap here to enter text. |

PI department, school/faculty, institution:

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| Click or tap here to enter text. |

PI position:

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| Click or tap here to enter text. |

PI email:

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| Click or tap here to enter text. |

PI phone:

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| Click or tap here to enter text. |

1. Research team members

List all current research team members. This includes co-investigators, students, assistants, faculty supervisors, community organizations, and clients.

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| --- | --- | --- | --- |
| Name | Email | Role in the Project | Institutional Affiliation |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

1. **Project information**
   1. Project title

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| Click or tap here to enter text. |

* 1. Anticipated duration of the project
     + - 1. Anticipated start date for recruitment/data collection

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| Click or tap here to enter text. |

* + - * 1. Anticipated end date of your research project

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| Click or tap here to enter text. |

* 1. Geographic location(s) of the study

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| Click or tap here to enter text. |

1. **Project funding**

Is this research funded?

Yes

No

Pending

If yes or pending:

Date of award

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| Click or tap here to enter text. |

Funding source(s)

|  |
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| Click or tap here to enter text. |

1. **Multi-jurisdictional research**

Does the proposed research require Research Ethics Board (REB) approval from other ethics board(s)?

Yes

No

If yes, list the other research ethics board(s) from which you or your research team members have sought approval or will seek approval.

*Please attach proof of applications to other research ethics board(s), or forward approvals upon receiving them.*

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| Click or tap here to enter text. |

1. **Other approvals and consultations**

If additional request(s) for permission/approval are required please list them here (e.g. school district, health authorities, government authority, community group, etc.)

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| Other approval and consultation | Yes and approval attached | Yes and will provide approval as received | No approval required |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

1. **Scholarly review**

What type of scholarly review has this research project undergone?

External peer review (e.g. granting agency)

Supervisory committee or supervisor

None

Other

If other, please explain.

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| Click or tap here to enter text. |

1. **Researcher(s) qualifications**

What training, qualifications, or personal experiences do the principal investigator and/or research team members have in relation to your research methods, the nature of the research, and the characteristics of the participants?

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| Click or tap here to enter text. |

1. **Research involving Indigenous peoples of Canada (including First Nations, Inuit, and Métis)**

The TCPS2 (chapter 9) highlights the importance of community engagement and respect for community customs, protocols, codes of research practice and knowledge when conducting research with Indigenous peoples or communities.

*Indigenous peoples include First Nation, Inuit, and Métis regardless of where they reside or whether or not their names appear on an official register.*

* 1. Does your research involve indigenous people?

Yes

No

* 1. Will you be conducting your research on First Nation reserves, Indigenous settlements, or other lands designated as Indigenous territory?

Yes

No

* 1. Do any of the criteria for participation include membership in an Indigenous community, group of communities, or organization, including urban Indigenous population?

Yes

No

* 1. Does the research seek input from participants regarding a community’s cultural heritage, artifacts, traditional knowledge or unique characteristics?

Yes

No

* 1. Will indigenous identity or membership in an indigenous community be used as a variable for the purposes of analysis?

Yes

No

* 1. Will the results of the research refer to Indigenous communities, peoples, language, history, or culture?

Yes

No

If you answered yes to any questions H1-H6 have you initiated or do you intend to initiate an engagement process with the Indigenous collective, community or communities for this study?

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| Click or tap here to enter text. |

Please explain who you have consulted with and how you will involve the Indigenous community in the design, development, and dissemination of results.

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| Click or tap here to enter text. |

1. **International research**

Will this research be conducted in a country other than Canada?

Yes

No

If Yes, please list the country(ies) and the processes for research ethics approval in that country.

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| Country other than Canada where this research will be conducted | Research ethics approval process for each country listed. |
| Click or tap here to enter text. | Click or tap here to enter text. |

*Please attach proof of applications to other Countries research ethics, or forward approvals upon receiving them.*

1. **Description of research project**
   1. Briefly describe this research in non-technical language
      * + 1. The research objective(s) and question(s)

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| Click or tap here to enter text. |

* + - * 1. The importance and contributions of the research

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| Click or tap here to enter text. |

* + - * 1. If applicable, provide background information or details that will enable the Research Ethics Board to understand the context of the study when reviewing the application.

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| Click or tap here to enter text. |

1. **Recruitment**
   1. Participant details
      * + 1. Briefly describe the target population(s) for recruitment (ensure that all participant groups are identified e.g. group 1 – teachers, group 2 – parents, group 3 – administrators)

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| Click or tap here to enter text. |

* + - * 1. Why is each population or group of interest?

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| Click or tap here to enter text. |

* + - * 1. What are the salient characteristics of the participants for your study (e.g. age, gender, ethnicity, class, position, etc.)?

*List all inclusion and exclusion criteria you are using*

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| Click or tap here to enter text. |

* + - * 1. What is the desired number of participants for each group?

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| Click or tap here to enter text. |

* 1. Recruitment and process
     + - 1. List all source for information used to contact potential participants (e.g. personal contacts, listserves, publicly available information, etc.).

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| Click or tap here to enter text. |

* + - * 1. List all methods of recruitment

*E.g. in-person, by telephone, letter, snowball sampling, word of mouth, advertisement, etc.*

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| Click or tap here to enter text. |

* + - * 1. If you will be using personal and/or private contact information to contact potential participants (as stated above), have the potential participants given permission for this, or will you use a neutral third party to assist you with recruitment?

*Note that this is not a concern when public or business contact information is used.*

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| Click or tap here to enter text. |

* + - * 1. Who will recruit/contact participants?

*E.g. researcher, assistant, third party, etc. Clarify for each participant group.*

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| Click or tap here to enter text. |

* + - * 1. List and explain any relationship between the members of the research team (including third party recruiters) and the participant(s).

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| Click or tap here to enter text. |

* + - * 1. In chronological order (if possible) describe the steps in the recruitment process

*Include how you will screen potential participants, where applicable. Consider where the process permission of other bodies may be required.*

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| Click or tap here to enter text. |

Please upload all the supporting documents relevant to the recruitment methods identified (Examples include: emails recruitment script, poster, invitation letter, etc.).

* 1. Power relationship (dual-role and power-over)

Are you or any of members of the research team in any way in a power relationship, including dual-roles, which could influence the voluntariness of a participant’s consent? Could you or any of your research team members be perceived to be in a power relationship by potential participants?

*E.g. teachers-students, therapists-clients, supervisors-employees and possible researcher-relative or researcher-close-fried where elements of trust or dependency could result in undue influence.*

Yes

No

If yes, please explain steps to address this.

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| Click or tap here to enter text. |

1. **Data collection methods**
   1. Data collection methods
      * + 1. Which of the following methods will be used to collect data? Check all that apply.

Interview participants

In person

By telephone

Group Interviews or discussions (including focus groups)

Using web-based technology

Administering a questionnaire or survey

In person

By telephone

By mail

Using web-based technology

Administering a computerized task

Please explain

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| Click or tap here to enter text. |

Observing participants

Please explain

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| Click or tap here to enter text. |

Recording of participants

Audio

Video

Photos or slides

Note taking

Flipcharts

Data collection sheets (attach)

Other

If other, please explain

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| Click or tap here to enter text. |

Using human samples

Hair

Urine

Blood

Saliva

Other

If other, please explain

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| Click or tap here to enter text. |

Using specialized equipment/machines (e.g. ultrasound, sphygmomanometer, EEG, etc.)

Please explain

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| Click or tap here to enter text. |

Other testing equipment not captured under other categories (e.g. artifacts, paintings, drawings, journals, etc.)

Please explain

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| Click or tap here to enter text. |

Collecting materials supplied by, or produced by, the participants

Please explain

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| Click or tap here to enter text. |

Analyzing secondary data or secondary use of data

Please explain

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| Click or tap here to enter text. |

Other

Please explain

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| Click or tap here to enter text. |

* + - * 1. Provide a sequential description of the procedures/methods to be used in your research study.

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| Click or tap here to enter text. |

* + - * 1. Where will participation take place for each data collection method/procedure?

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| Click or tap here to enter text. |

* + - * 1. For each method, and in total, how much time will be required of participants?

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| Click or tap here to enter text. |

* + - * 1. Will participation take place during participants’ office work/hours or instructional time?

Yes

No

If yes, please indicate whether permission is required and how this will be obtained.

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| Click or tap here to enter text. |

* 1. Data materials checklist

Standardized instrument

Survey

Questionnaire

Interview and/or focus group questions

Observation protocols

Other

Please explain

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| Click or tap here to enter text. |

*Please make sure you have attached all the documents relevant to this section.*

1. **Possible benefits, inconveniences, and risks of harm to participants**
   1. Benefits

Identify any potential or known benefits associated with participation and explain below

To the participants

To society

To the state of knowledge

Please explain

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| Click or tap here to enter text. |

* 1. Inconveniences

Identify and describe any known or potential inconveniences to participants

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| Click or tap here to enter text. |

* 1. Level of risk

The TCPS 2 article 6.12 definition of “minimal risk research” is as follows: Research in which the probability and magnitude of possible harms implied by participation in the research is no greater than those encountered by the participant in those aspects of their everyday life that relate to the research.

Based on this definition, do you believe your research qualifies as “minimal risk research”?

Yes

No

Please explain your answer with reference to the risks of the study and the vulnerability of the participants.

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| Click or tap here to enter text. |

* 1. Estimate of risks harm

Consider the inherent foreseeable risks associated with your research protocol and complete the table below by selecting likelihood for risk of harm.

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| --- | --- | --- | --- |
| Potential risks of harm | Very unlikely | Possibly | Likely |
| Emotional or psychological discomfort, such as feeling demeaned or embarrassed due to the research |  |  |  |
| Fatigue or Stress |  |  |  |
| Social risks, such as stigmatization, loss of status, privacy and/or reputation |  |  |  |
| Physical risks |  |  |  |
| Economic risks |  |  |  |
| Risk of incidental findings |  |  |  |
| Other risks |  |  |  |

If other risks, please explain

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| Click or tap here to enter text. |

* 1. Possible risks of harm
     + - 1. What are the risks?

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| Click or tap here to enter text. |

* + - * 1. What will you do to try to minimize, mitigate, or prevent the risks?

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| Click or tap here to enter text. |

* + - * 1. How will you respond if the harm occurs?

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| Click or tap here to enter text. |

* + - * 1. If one of your participant groups could be considered vulnerable, please describe any specific considerations you have built into the protocol to address this.

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| Click or tap here to enter text. |

* 1. Risk to researcher(s)

Does this research study pose any risks to the researchers, assistants, and data collectors?

Yes

No

If yes, please explain

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| Click or tap here to enter text. |

* 1. Deception

Will participants be fully informed of everything that will be required of them prior to the start of the researcher session?

Yes

No

If no, please explain your use of deception

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| Click or tap here to enter text. |

1. **Incentives, reimbursement and compensation**
2. Is there any incentive, monetary or otherwise, being offered for participation in the research (e.g. gifts, honorarium, course credits, etc.)?

Yes

No

If yes, please explain

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| Click or tap here to enter text. |

1. Is there any reimbursement or compensation for participating in the research (e.g. for transportation, parking, childcare, etc.)?

Yes

No

If yes, please explain

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| Click or tap here to enter text. |

1. Explain what will happen to the incentives, reimbursement or compensation if participants withdraw during data collection or any time thereafter.

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| Click or tap here to enter text. |

1. **Free and informed consent**
   1. Participant’s capacity (competence) to provide free and informed consent

Identify your potential participants (check all that apply)

Competent adults

A protected or vulnerable population

Competent youth aged 13 to 18

Competent children under 13 (who are able to provide fully informed consent)

Non-competent adults

Non-competent youth

Non-competent children

* 1. Means of obtaining and documenting consent and/or assent

Check all that apply

Signed consent

Verbal consent

Letter of information for implied consent

Signed or verbal assent from non-competent participants

Other means

Consent will not be obtained

Signed consent from the parents/guardians for youth/child participants

Information letters for the parents/guardians of youth/child participants

*Please ensure you attach all consent/assent/information documents.*

* 1. Informed consent

Describe the exact steps in chronological order that you will follow in the process of explaining, obtaining, and documenting informed consent.

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| Click or tap here to enter text. |

* 1. Ongoing consent

Will your research occur over multiple occasions or an extended period of time?

Yes

No

If yes, please explain the multiple occasions and the process of explaining, obtaining, and documenting informed consent.

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| Click or tap here to enter text. |

* 1. Participant’s right to withdraw
     + - 1. Describe what participants will be told about their right to withdraw from the research at any time.

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| Click or tap here to enter text. |

* + - * 1. What will happen to a person’s data if they withdraw part way through the study or after the data have been collected/submitted?

Participant will be asked if they agree to the use of their data

It will not be used in the analysis and will be destroyed

It is logistically impossible to remove individual participant data

When linked to group data, it will be used in summarized form with no identifying information

1. **Anonymity and confidentiality**
2. Anonymity
   1. Will the participants be anonymous in the data gathering phase of the research?

Yes

No

* 1. Will the participants be anonymous in the dissemination of the results?

Yes

No

1. Confidentiality
   1. Are there any limits to protecting the confidentiality of participants?

Yes

No

If yes, please explain

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| Click or tap here to enter text. |

1. **Use and disposal of data**
2. Use(s) of data
   1. What use(s) will be made of all types of data collected?

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| Click or tap here to enter text. |

* 1. Will your research data be analyzed, now or in the future, by yourself for purposes other than this research project?

Yes

No

If yes, please provide details of the other purposes.

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| Click or tap here to enter text. |

* 1. Will your research data be analyzed, now or in the future, by other persons for purposes other than explained in this application?

Yes

No

If yes, please provide details of the other purposes.

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| Click or tap here to enter text. |

1. Commercial purposes
   1. Do you anticipate that this research will be used for a commercial purpose?

Yes

No

If yes, please provide details of the commercial purpose.

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| Click or tap here to enter text. |

1. Maintenance and disposal of data

Describe your plans for protecting data during the project, and for preserving, archiving, or destroying all types of data associated with the research after the research is completed.

* 1. Means of storing and securing data

*Ex. Encryption, password protected computer files, locked cabinet, separation of key codes from raw data, etc.*

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| Click or tap here to enter text. |

* 1. Location of storing data

*Include location of data-storage servers if using web-based technology*

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| Click or tap here to enter text. |

* 1. Duration of data storage

*If data will be kept indefinitely, explain why this is necessary and state whether the data will contain identifiers or links to identifiers.*

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| Click or tap here to enter text. |

* 1. Methods of destroying or archiving data

*If archiving data, describe measures to secure or protect the data. If the archiving will involve a third party please provide details.*

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| Click or tap here to enter text. |

1. Dissemination

How do you anticipate disseminating the research results? (Check all that apply)

Thesis/dissertation/class presentation

Presentations at scholarly meetings

Media

Directly to participants and/or groups involved

Published article, chapter or book

Internet (organization or personal webpage)

Other

If other, please provide details.

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| Click or tap here to enter text. |

1. **Conflict of interest**
2. Apart from a declared dual-role relationship (section #. #), are you or any of the research team members in a perceived, actual or potential conflict of interest regarding this research project?

Yes

No

If yes, please provide details of this conflict and how you propose to manage it.

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| Click or tap here to enter text. |

1. **List of attached documents**

Include required documents as additional attachments with this application.

*Descriptive name = the name the document is referred to in this application*

*File name = name of the file as attached*

*Type of document = consent form, recruitment document, data collection instrument, TCPS2 certificate, ethics approval from other organization, etc.*

|  |  |  |
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| Descriptive name | File name | Type of Document |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

1. **Signature**
2. Primary investigator

By signing the application I, the PI, whose name appears above will ensure that this project is conducted in accordance with the policies and procedures governing the ethical conduct of research involving human participants at Grande Prairie Regional College. I allow release of my nominative information as required by these policies and procedures. I understand that all information on this form may be subject to verification.

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| Click or tap here to enter text. |
| Primary Investigator |

1. Faculty supervisor (if applicable)

I, the Faculty Supervisor, have read and approved this project and affirm that it has received the appropriate academic approval. I will ensure that the student is aware of the applicable policies and procedures governing the ethical conduct of human subject research at Grande Prairie Regional College and I agree to provide all necessary supervision to the student. I allow release of my nominative information as required by these policies and procedures. I understand that all the information on this form may be subject to verification.

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| Click or tap here to enter text. |
| Faculty Supervisor |

1. **Submission**

Email completed application and required documents to [research@gprc.ab.ca](mailto:research@gprc.ab.ca)