|  |
| --- |
| **APPLICATION FOR ETHICAL REVIEW of an UNDERGRADUATE STUDENT RESEARCH PROJECT Involving Humans and Their Participation in Questionnaires, Interviews, Observations, Testing, Video & Audio Tapes, Etc.** |
| **\*\*\*\*\*NOTE\*\*\*\*\*****This Application Form is intended as an adjunct to - NOT a replacement of - the complete study research proposal. Please submit the completed application form along with the full research proposal (with original signatures) to the Research Ethics Board (REB) at** **reb@okanagan.bc.ca****.** |

The Faculty Supervisor of the student(s) submitting this application must have an OC Appointment. Students must complete all forms as required and ensure that all information has been provided. Incomplete submissions will not be reviewed by the REB. Please refer to the appropriate Guidelines for information on completing this form.

All information requested in this form must fit in the spaces provided.

Submission date:

|  |
| --- |
| 1. Student Researcher(s)      |
| 2. Faculty Supervisor      | 3. OC Department and Campus address      |
| 4. Faculty Phone       | 5. Faculty e-mail address      |
| 6. Project Period      | 7. Title of Project      |
| 8. Course name and number that this project relates to?      | 9. Is this project part of an Honours Thesis? [ ] Yes [ ]  No      |

## SUBMISSION CHECK LIST

|  |
| --- |
| 10. List all documents submitted with the Application for Ethical Review. Assign a version date to attached documents. |
| **2 copies of the complete research proposal** |
| **Original copy and 1 copy of the following documents:** | ✓ **If applicable** |  **Version Date** |
| Application form (Form 7) | **[ ]** Yes  | \*\*Do not alter the version date on this form. |
| Advertisement to recruit participants  | **[ ]** Yes  |       |
| Letter of initial contact  | **[ ]** Yes  |       |
| Participant consent form (and control consent, if different) | **[ ]** Yes  |       |
| Parent / Guardian consent form | **[ ]** Yes  |       |
| Remote contact form (Form 3) | **[ ]** Yes  | \*\*Do not alter the version date on this form. |
| Deception form and written or verbal debriefing (Form 4)  | **[ ]** Yes  | \*\*Do not alter the version date on this form. |
| Questionnaires, tests, interview scripts, etc. | **[ ]** Yes  |       |
| Cover letter for the questionnaire | **[ ]** Yes  |       |
| Other required/supporting documents/approvals | **[ ]** Yes  | \*\*Version date not required |

## Signatures

|  |  |  |
| --- | --- | --- |
| 11. Student Researcher(s)a) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_b) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please print) | Student Researcher(s)c) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_d) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please print) | Student Researcher(s)e) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_f) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please print) |
| Student Researcher(s)g) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_h) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please print) | 12. Faculty Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please print) | 13. OC Administrative Head or Faculty Dean (as appropriate)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please print) |

## Description of Project

|  |
| --- |
| 14. Project summary **In the space, summarize the purpose, goals and objectives of the project in a concise and comprehensible manner with minimum use of technical language. Include: background, purpose, hypothesis/goals, and justification (scientific/scholarly validity, appropriateness of utilizing human participants).** **Describe your methodology and procedures, including any specific tests, interviews, questionnaires, or experimental procedures. If the study involves an experimental approach to curriculum or treatment, specify how the procedures differ from normal practice.**       |
| 15. Where will the project be conducted?      |

## Description of Population

|  |
| --- |
| 16. How many participants, including controls, will be enrolled in the entire project? Of these, how many will be in the control group(s)?      |
| 17. Who is being recruited and what are the criteria for their selection? If controls are involved and if their selection and/or recruitment differ from test participants, provide details.       |
| 18. How, where and when will participants be recruited? Who will be contacting potential study participants? If initial contact is by letter or if a recruitment notice/advertisement is to be posted, attach a copy. If the interview is conducted by telephone or internet, complete the *Remote Contact Form* (Form 3).      |
| 19. What participants will be excluded from participation      |
| 20. Are any study participants considered members of a (potentially) vulnerable group? [ ]  Yes [ ]  No If Yes, please describe.      |
| 21. Will study participants be compensated? If so, provide details of amounts, reasons for, and payment schedules.      |
| 22. Will any study participants have problems giving informed consent on their own behalf? Consider physical or mental condition, age, language, or other barriers. What procedures are in place to ensure that consent is properly given?      |
| 23. If participants are not competent to give fully informed consent, who will consent on their behalf? What measures will be taken to inform and obtain the consent of the participant(s) inasmuch as that is possible? *(see also Form #2)*      |
| 24. What level of risk would you assign to this research project? Minimal risk is defined as those risks encountered in normal,  everyday life.**Physical risk** [ ]  minimal risk [ ]  more than minimal risk**Psychological/emotional risk** [ ]  minimal risk [ ]  more than minimal risk**Social risk** [ ]  minimal risk [ ]  more than minimal risk**Employment risk** [ ]  minimal risk [ ]  more than minimal riskIf you answered ‘more than minimal risk’ to any of the above, please describe the manipulations and/or potential risks as well as the safeguards or procedures you have in place. Please provide justification for any potential risks involved and explain why alternative approaches (including revising the types of data collected or the method by which data are collected) involving less risk cannot be used.     If your study has the potential to upset participants, or identify distressed or disturbed individuals, you must make arrangements to mitigate such effects (e.g. provide information about OC counselling services). Describe the arrangements you have made.      |
| 25. Describe any potential benefits to participants from their participation in this study.      |
| 26. How much time will participants be required to spend in this project? (minutes/hours over how many weeks/months)      |
| 27. How much time will a member of the control group (if any) have to spend participating in this project?      |

### Data

|  |
| --- |
| 28. Who will have access to the data?      |
| 29. How do you plan to handle the requirement of confidentiality and/or anonymity?      |
| 30. What are the plans for the future use of the data (beyond that described in this proposal)? What are the specific details for storage and disposal of records/data or audio/video tapes? Provide information on location, security and access. Indicate storage time (approximate times/dates).       |
| 31. Will any data which identify individuals be available to persons or agencies outside the research group? [ ] YES [ ]  NOIf yes, please explain.      |
| 32. Will your project use: *(check)*[ ]  Questionnaires *(attach copy)*[ ]  Interviews *(attach a sample of questions)*[ ]  Observations *(attach a brief description)*[ ]  Tests *(attach a brief description)*[ ]  Review of confidential personal records, including medical[ ]  Other (specify)       |

**QUESTIONNAIRE/SURVEY CHECK LIST**

|  |
| --- |
| 33. Questionnaires should contain an introductory paragraph or cover letter which includes the following information. Please check each item in the following list before submission of this form to insure that the introduction contains all necessary items. |
|  | **Yes** | **No** | **N/A** |
| 1. Title of project
 | [ ]  | [ ]  | [ ]  |
| 1. Identification of investigators (including a contact telephone number)
 | [ ]  | [ ]  | [ ]  |
| 1. An explanation of who is funding or sponsoring the study (if applicable).
 | [ ]  | [ ]  | [ ]  |
| 1. If the project is research to meet a course requirement, a statement indicating this.
 | [ ]  | [ ]  | [ ]  |
| 1. Use second-person pronouns (you/your child), when referring to participants. Be consistent throughout.
 | [ ]  | [ ]  | [ ]  |
| 1. A clear explanation of why the participant has been invited to participate in the study.
 | [ ]  | [ ]  | [ ]  |
| 1. A statement that participation is voluntary.
 | [ ]  | [ ]  | [ ]  |
| 1. Brief summary in lay language of the purpose of the project, including potential presentation and publication, if applicable.
 | [ ]  | [ ]  | [ ]  |
| 1. The amount of time required of the participant must be stated.
 | [ ]  | [ ]  | [ ]  |
| 1. Details of payment for expenses and/or any other remuneration to be offered to the participants (if any).
 | [ ]  | [ ]  | [ ]  |
| 1. The potential risks and benefits to be derived from participating in the project.
 | [ ]  | [ ]  | [ ]  |
| 1. An offer to answer any inquiries concerning the project, to ensure that it is understood by the participant.
 | [ ]  | [ ]  | [ ]  |
| 1. Assurance that identity of the participant will be kept confidential and description of how this will be accomplished.
 | [ ]  | [ ]  | [ ]  |
| 1. Assurance that the information collected (identifiable data) will be kept confidential, an explanation of how this will be done, and a statement of who will have access to the data.
 | [ ]  | [ ]  | [ ]  |
| 1. A clear statement of the participant's right to refuse to participate or withdraw at any time without jeopardizing further treatment, medical care or class standing as applicable. **NOTE:** This statement must also appear on explanatory letters involving questionnaires.
 | [ ]  | [ ]  | [ ]  |
| 1. A statement that if the participant has any concerns about his/her treatment or rights as a research participant, he/she may contact the Chair of the Okanagan College Research Ethics Board at 250-762-5445 (local 4736).

Okanagan College and Research Ethics Board need to be spelled out in all documents. If it is referred to several times, it should be stated as Okanagan College (OC) and Research Ethics Board (REB). | [ ]  | [ ]  | [ ]  |
| 1. The statement that if the questionnaire is completed it will be assumed that consent has been given.
 | [ ]  | [ ]  | [ ]  |
| 1. For surveys circulated by mail, submit a copy of the explanatory letter as well as a copy of the questionnaire.
 | [ ]  | [ ]  | [ ]  |
| 1. Insert page numbers (“page 1 of 3,” “page 2 of 3,” etc.) and a version date in a footnote at the bottom of each page.
 | [ ]  | [ ]  | [ ]  |

#### Informed Consent

|  |
| --- |
| 34. Who will consent? *(check)*Participant [ ] Parent / Guardian [ ] Agency Official(s) [ ]   Describe the consent process - include information on who will ask for consent.  How long will potential study participants have to decide on whether or not to participate?     How and when are the participants informed of the right to withdraw? What procedures will be followed for participants who wish (or who exhibit signs that they wish) to withdraw at any point during the study?     If a participant withdraws consent part way through the study, what will happen to his/her data?[ ]  It will not be used in the analyses.[ ]  It is logistically impossible to remove individual participant data.[ ]  It will be used in the analyses if the participant agrees to this (how will agreement be obtained?) In the case of projects carried out at other institutions, the REB requires written proof that agency consent has been received.  Please specify below:[ ]  Research carried out in a hospital – approval of hospital research or ethics committee.[ ]  Research carried out in a school – approval of School Board and/or Principal. *(Exact requirements depend on*  *individual school boards: check with them).*[ ]  Research carried out in a provincial agency *(name of contact person and title.)*[ ]  Research carried out at Okanagan College (*needs the authorization of the Vice President Education or appropriate Dean when faculty, staff and the student body at large is being surveyed.*[ ]  Other *(please specify)*       |

CONSENT CHECK LIST

|  |
| --- |
| 1. **Written informed consent (Form 2) is required in all cases other than questionnaires that are completed by the participant. Please check each item in the following list to ensure that the written consent form attached contains all necessary items. If your research involves contact by telephone, you need not fill out this section. Written correspondence should be on OC letterhead.**
 |
|  | **Yes** | **No** | **N/A** |
| 1. Title of project
 | [ ]  | [ ]  | [ ]  |
| 1. Identification of investigators (including a contact telephone number)
 | [ ]  | [ ]  | [ ]  |
| 1. An explanation of who is funding or sponsoring the study (if applicable).
 | [ ]  | [ ]  | [ ]  |
| 1. If the project is research to meet a course requirement, a statement indicating this.
 | [ ]  | [ ]  | [ ]  |
| 1. Use second-person pronouns (you/your child), when referring to participants. Be consistent throughout.
 | [ ]  | [ ]  | [ ]  |
| 1. A clear explanation of why the participant has been invited to participate in the study.
 | [ ]  | [ ]  | [ ]  |
| 1. A statement that participation is voluntary.
 | [ ]  | [ ]  | [ ]  |
| 1. Brief but complete description in lay language of the purpose of the project and of all procedures to be carried out in which the participants are involved.
 | [ ]  | [ ]  | [ ]  |
| 1. Statement of the total amount of time that will be required of a participant.
 | [ ]  | [ ]  | [ ]  |
| 1. Details of monetary or other compensation, if any, to be offered to participants.
 | [ ]  | [ ]  | [ ]  |
| 1. Description of the likelihood of any discomforts and/or inconveniences associated with the participation and factors which might lead to refusal to participate.
 | [ ]  | [ ]  | [ ]  |
| 1. A statement of all known short and long-term risks, (for example: psychological, cultural, privacy, confidentiality), and a description of the procedures in place to minimize risks. If the project has the potential to cause distress, provide information about counselling services.
 | [ ]  | [ ]  | [ ]  |
| 1. A statement regarding potential benefits of participating, if any.
 | [ ]  | [ ]  | [ ]  |
| 1. Assurance that identity of the participant will be kept confidential and description of how this will be accomplished.
 | [ ]  | [ ]  | [ ]  |
| 1. Assurance that the information collected (identifiable data) will be kept confidential, an explanation of how this will be done, and a statement of who will have access to the data.
 | [ ]  | [ ]  | [ ]  |
| 1. An offer to answer any inquiries concerning the procedures, to ensure that they are fully understood by the participant.
 | [ ]  | [ ]  | [ ]  |
| 1. Statement as to how the participant can receive a copy or executive summary of completed project and, where appropriate, receive updated information during the course of the research.
 | [ ]  | [ ]  | [ ]  |
| 1. An offer to provide debriefing, if appropriate.
 | [ ]  | [ ]  | [ ]  |
| 1. An unambiguous statement of the participant's right to refuse to participate or withdraw at any time and a statement that withdrawal or refusal to participate will not jeopardize further treatment, medical care or influence class standing as applicable. **NOTE:** This statement must also appear on letters of initial contact.
 | [ ]  | [ ]  | [ ]  |
| 1. A statement that if the participant has any concerns about his/her treatment or rights as a research participant, he/she may contact the Chair of the Okanagan College Research Ethics Board at 250-762-5445 (local 4736).

Okanagan College and Research Ethics Board need to be spelled out in all documents. If it is referred to several times, it should be stated as Okanagan College (OC) and Research Ethics Board (REB). | [ ]  | [ ]  | [ ]  |
| 1. A statement acknowledging receipt of a signed copy of the consent form.
 | [ ]  | [ ]  | [ ]  |
| 1. The signature and printed name of the participant CONSENTING to participate in the research project, investigation, or study, and the date of the signature.
 | [ ]  | [ ]  |  [ ]  |
| 1. Parental consent forms must contain a statement of choice providing an option for refusal to participate. (e.g. "I consent/I do not consent to my child's participation in this study." (Form 2)
2. Statement as to what the information will be used for (presentation, publication etc.)
 | [ ]  | [ ]  | [ ]  |
| 1. Page numbers (“page 1 of 3,” “page 2 of 3,” etc.) and a version date in a footnote at the bottom of each page
 | [ ]  | [ ]  | [ ]  |

**Additional Information**

|  |
| --- |
| 36. Use this space to provide information that you feel will be helpful to the Research Ethics Board.      |