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| **\*\*\*\*\*PLEASE NOTE: INCOMPLETE APPLICATIONS WILL BE REJECTED AT REVIEW\*\*\*\*\*** |
| This Application Form is intended as an adjunct to (NOT a replacement of) the complete study research proposal. Please submit the completed application form (with original signatures) along with the full research proposal and all other required documents to the Research Ethics Board (REB) office at [reb@okanagan.bc.ca](mailto:reb@okanagan.bc.ca). |
| Failure to include all required signatures and submission of all forms before deadline date, could result in an application processing delay of up to two months. |

Researchers 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

1. Principal Investigator (or Graduate Student Supervisor) Click or tap here to enter text.
2. OC Department/Faculty or OC Sponsor Click or tap here to enter text.
3. Phone Number Click or tap here to enter text.
4. Fax Number Click or tap here to enter text.
5. E-mail Address Click or tap here to enter text.
6. Campus Address Click or tap here to enter text.
7. Co-Investigator(s) Click or tap here to enter text.
8. Student(s) Click or tap here to enter text.
9. Granting Agency/Source of funding:
   1. Funded: Yes  No
   2. Applied For: Yes  No
   3. Unfunded: Yes  No
   4. Date application is due: Click or tap here to enter text.
10. Title of Project

Click or tap here to enter text.

1. Project Time Period (mm/yy – mm/yy)

From: Click or tap to enter a date. To: Click or tap to enter a date.

1. Title/Position of researchers involved (check all that are relevant to this project)
   1. Faculty/Instructor Click or tap here to enter text.
   2. Student Click or tap here to enter text.
   3. Other (specify) Click or tap here to enter text.

**SIGNATURES**

Note: All student projects require the signatures of the supervisor, administrative/department head, and faculty/instructor dean.

1. Principal Investigator (or Graduate Student Supervisor)

*I agree to abide by the Tri-Council Policy for Ethical Conduct for Research Involving Human Subjects.*

Print Name: Click or tap here to enter text. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Click or tap to enter a date.

1. Co-investigator(s)

Print Name: Click or tap here to enter text. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Click or tap to enter a date.

1. Student

Print Name: Click or tap here to enter text. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Click or tap to enter a date.

1. OC Administrative Head or Faculty/Instructor Dean (as appropriate)

Print Name: Click or tap here to enter text. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Click or tap to enter a date.

**Note:** Signatures verify that this project has been reviewed by the parties, has been deemed to be methodologically sound and complies with the professional ethical standards and guidelines of the area of research. Signatures of applicants certify (a) that the information contained in this application is accurate; (b) that the conduct of the proposed research will not commence until ethical approval/ clearance has been granted, and (c) that each signing party agrees to abide by the Tri-Council Policy for Ethical Conduct of Research Involving Human Subjects. Conduct of research using human subjects that has not received ethics approval/clearance is a breach of OC’s policy in integrity in scholarly activity. Signatures of the Administrative Head or Faculty/Instructor Dean (as appropriate) confirm that the Principal Investigator has the qualifications, experience, and facilities to carry out this research project.

1. Has this or a similar application been submitted to any other research ethics board?
   1. Yes
   2. No
   3. If yes, attach a copy of the proposal and approval, if available.

Name of Institution: Click or tap here to enter text.

Date of Approval: Click or tap here to enter text.

1. If this research is for graduate studies, please provide the following information:
   1. Degree sought
   2. Area/Department
   3. University
2. Identify any other institution, agency or community group involved in your research. Include name of contact person.

Click or tap here to enter text.

**SUBMISSION CHECK LIST**

1. List all documents submitted with the application for ethical review. Assign a version date to attached documents.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Version Date |
| Application form (Form 1) |  |  | Do not alter the version date on this form. |
| Advertisement to recruit subjects |  |  |  |
| Letter of initial contact |  |  |  |
| Subject consent form (and control consent, if different) |  |  |  |
| Parent / Guardian consent form |  |  |  |
| Remote contact form (Form 3) |  |  | Do not alter the version date on this form. |
| Deception form and written or verbal debriefing (Form 4) |  |  | Do not alter the version date on this form. |
| Questionnaires, tests, interview scripts, etc. |  |  |  |
| Cover letter for the questionnaire |  |  |  |
| Other required/supporting documents/approvals |  |  | Version date not required |

**DESCRIPTION OF PROPOSED RESEARCH**

1. 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.*

Click or tap here to enter text.

1. Where will the research be carried out?

Click or tap here to enter text.

**DESCRIPTION OF POPULATION**

1. How many subjects, including controls, will be enrolled in the entire project? Of these, how many will be in the control group(s)?

Click or tap here to enter text.

1. Who is being recruited and what are the criteria for their selection? What effort has been made to recruit an inclusive sample? If controls are involved, and if their selection and/or recruitment differ from test subjects, provide details.

Click or tap here to enter text.

1. How, where, and when will subjects be recruited? Who will be contacting potential study subjects? If initial contact is by letter or if a recruitment notice/advertisement is to be posted, attach a copy.

If an interview is conducted by telephone or internet, complete the Remote Contact Form (Form 3).

Click or tap here to enter text.

1. What subjects will be excluded from participation?

Click or tap here to enter text.

1. Will study subjects be compensated? If so, provide details of amounts, reasons for, and payment schedules.

Click or tap here to enter text.

1. Are any study subjects considered members of a potentially vulnerable group?
   1. Yes
   2. No

If yes, please describe:

Click or tap here to enter text.

Does your study have the potential for identifying distressed or disturbed individuals?

1. Yes
2. No

If your study has the potential to upset subjects, or identify distressed or disturbed individuals, you must make arrangements to mitigate such effects (e.g., provide information about counselling services). Describe the arrangements you have made.

Click or tap here to enter text.

1. Will any study subjects 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?

Click or tap here to enter text.

1. If any subjects are not competent to give informed consent, who will consent on their behalf? What measures will be taken to inform and obtain the consent of the subject in as much as that is possible?

Click or tap here to enter text.

1. Estimate of risk:

What level of risk to study subjects would you assign to this research project? Minimal risk is defined as those risks encountered in normal, everyday life.

1. Physical risk  minimal risk  more than minimal risk
2. Psychological/Emotional risk  minimal risk  more than minimal risk
3. Social risk  minimal risk  more than minimal risk
4. Employment risk  minimal risk  more than minimal risk

If 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 subjects, 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.

Click or tap here to enter text.

1. What discomfort or incapacity or perceived degree of coercion are the subjects likely to endure because of the research process?

Click or tap here to enter text.

1. Describe any potential benefits to subjects from their participation in this study.

Click or tap here to enter text.

1. How much time will subjects be required to spend participating in this project? (minutes/hours over how many weeks/months).

Click or tap here to enter text.

1. How much time will a member of the control group (if any) have to spend participating in this project?

Click or tap here to enter text.

**DATA**

1. Who will have access to the data?

Click or tap here to enter text.

1. How do you plan to handle the requirement of confidentiality and/or anonymity?

Click or tap here to enter text.

1. If a subject 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? Explain below).

Click or tap here to enter text.

1. 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). **Please note:** storage for five years after collection is the expected normal time frame.

Click or tap here to enter text.

1. Will any data which identify individuals be available to persons or agencies outside the research group?

Yes

No

If yes, please explain.

Click or tap here to enter text.

1. Plans for publication. Explain any restrictions on publication (for example, as requested by a sponsor).

Click or tap here to enter text.

1. Future use of data. Indicate if there are any plans to use the data collected in this study for other purposes in the future.

Click or tap here to enter text.

1. Are subjects to be debriefed at the end of the research project? If so, explain how this will be done. If not, explain why not. What are the plans for informing subjects of the results of the study?

Click or tap here to enter text.

**INFORMED CONSENT**

1. Are any of the following involved in this study? *Check all that apply.*

Action research  Focus Groups (submit a sample of questions)

Data linkage  Interviews (submit a sample of questions)

Deception (Form 4)  Observation (naturalistic/experimental/participant)

Ethnography  Questionnaires (submit a copy)

Secondary use of data  Telephone/internet remote contact (Form 3)

Video/Audio taping  Review/use of confidential records

Other (specify)

Click or tap here to enter text.

1. Who will consent? (check) *Attach copies of any consent forms. See Form 2 for examples.*

Subject

Parent/Guardian

Agency official(s)

In the case of projects carried out at other institutions, the Committee 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).

Other. Specify: Click or tap here to enter text.

Describe the consent process. A description of the verbal explanation or a copy of the information material that will be given to subjects before they are asked to consent to participation should be attached. (If not applicable, state why).

Click or tap here to enter text.

How long will subjects have to decide on whether or not to participate?

Click or tap here to enter text.

If participants will not be fully informed of everything that will be required of them prior to the start of the research session, explain why.

Click or tap here to enter text.

To be sensitive to unique situations, including cultural differences, a written consent form may not be appropriate. If there is no consent form, an explanation, and details about your alternative procedures to ensure that consent is obtained and recorded is required.

Click or tap here to enter text.

How and when are the subjects informed of the right to withdraw? What procedures will be followed for subjects who wish (or who exhibit signs that they wish) to withdraw at any point during the study?

Click or tap here to enter text.

**CONSENT CHECK LIST**

1. Written subject consent (Form 2) is required in all cases other than questionnaires which are completed by the subject. (See item #47 for questionnaire consent requirements.) 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.
   1. Consent form has been proof-read for grammatical and typographical errors.

Yes No N/A

* 1. Title of project Yes No N/A
  2. Identification of investigators (including a contact telephone number and e-mail address).

Yes No N/A

* 1. An explanation of who is funding or sponsoring the study (if applicable). Yes No N/A
  2. If the project is research for a graduate thesis, a statement indicating this.Yes No N/A
  3. Second-person pronouns (you/your child), when referring to subjects. Be consistent throughout. Yes No N/A
  4. A clear explanation of why the subject has been invited to participate in the study.

Yes No N/A

* 1. A statement that participation is voluntary. Yes No N/A
  2. Brief but complete description in lay language of the purpose of the project and of all procedures to be carried out in which the subjects are involved. Yes No N/A
  3. Statement of the total amount of time that will be required of a subject. Yes No N/A
  4. Details of monetary or other compensation, if any, to be offered to subjects.

Yes No N/A

* 1. Description of the likelihood of any discomforts and/or inconveniences associated with the participation and factors which might lead to refusal to participate. Yes No N/A
  2. 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, include information on counseling services.

Yes No N/A

* 1. A statement regarding potential benefits of participating, if any. Yes No N/A
  2. Assurance that identity of the subject will be kept confidential and description of how this will be accomplished. Yes No N/A
  3. 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.

Yes No N/A

* 1. An offer to answer any inquiries concerning the procedures, to ensure that they are fully understood by the subject. Yes No N/A
  2. A statement as to what the information will be used for (presentation, publication etc.).

Yes No N/A

* 1. A statement as to how the subject can receive a copy or executive summary of completed project and, where appropriate, receive updated information during the course of the research.

Yes No N/A

* 1. An offer to provide debriefing, if appropriate. Yes No N/A
  2. An unambiguous statement of the subject'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. Yes No N/A
  3. A statement that if the subject has any concerns about treatment or rights as a research subject, they may contact the Chair of the Okanagan College Research Ethics Board at 250- 762-5445 (local 4736) or reb@okanagan.bc.ca.

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). Yes No N/A

* 1. A statement acknowledging receipt of a signed copy of the consent form.Yes No N/A
  2. The signature and printed name of the subject CONSENTING to participate in the research project, investigation, or study, and the date of the signature. Yes No N/A
  3. 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). Yes No N/A
  4. Page numbers (“page 1 of 3,” “page 2 of 3,” etc.) and a version date at the bottom of each page.

Yes No N/A

**QUESTIONNAIRE/SURVEY CHECK LIST**

1. 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 ensure that the introduction contains all necessary items. The questionnaire or cover letter should be on OC letterhead.
2. Questionnaire and cover letter have been proof-read for grammatical and typographical errors. Yes No N/A
3. Title of project. Yes No N/A
4. Identification of investigators (including a contact telephone number and e-mail address).

Yes No N/A

1. An explanation of who is funding or sponsoring the study (if applicable). Yes No N/A
2. If the project is research for a graduate thesis, a statement indicating this.

Yes No N/A

1. Second-person pronouns (you/your child), when referring to subjects. Be consistent throughout. Yes No N/A
2. A clear explanation of why the subject has been invited to participate in the study.

Yes No N/A

1. A statement that participation is voluntary. Yes No N/A
2. A summary in lay language of the purpose of the project, including potential presentation and publication, if applicable. Yes No N/A
3. The amount of time required of the subject must be stated. Yes No N/A
4. Details of payment for expenses and/or any other remuneration to be offered to the subjects (if any). Yes No N/A
5. The potential risks and benefits to be derived from participating in the project.

Yes No N/A

1. An offer to answer any inquiries concerning the project, to ensure that it is understood by the subject. Yes No N/A
2. Assurance that identity of the subject will be kept confidential and description of how this will be accomplished. Yes No N/A
3. 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.

Yes No N/A

1. A clear statement of the subject'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.

Yes No N/A

1. A statement that if the subject has any concerns about treatment or rights as a research subject, they may contact the Chair of the Okanagan College Research Ethics Board at 250- 762-5445 (local 4736) or reb@okanagan.bc.ca.

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). Yes No N/A

1. The statement that if the questionnaire is completed it will be assumed that consent has been given. Yes No N/A
2. For surveys circulated by mail, submit a copy of the explanatory letter as well as a copy of the questionnaire. Yes No N/A
3. Page numbers (“page 1 of 3,” “page 2 of 3,” etc.) and a version date in a footnote at the bottom of each page. Yes No N/A

**POTENTIAL CONFLICT OF INTEREST**

1. Describe any personal benefits that the investigators and/or their partners/immediate family members will receive, connected to this research study. Include details of all fees and/or honoraria directly related to this study, such as those for subject recruitment, advice on study design, presentation of results, or conference expenses.

Click or tap here to enter text.

**ADDITIONAL INFORMATION**

1. Use this space to provide information which you feel will be helpful to the ethics committee OR to continue any item for which sufficient space was not available.

Click or tap here to enter text.

Please remember to submit the accompanying research proposal.