**Please refer to the Concordia’s** [**Research Ethics Board Website**](http://research.concordia.ab.ca/research-ethics/) **prior to completion and submission of this application.**

*Note: this form is locked to only allow you to fill in the required information. If you are using Word 2010 and you cannot add your information when the document first opens, click on “View” and “Edit Document”.*

This form and all accompanying material must be submitted by email to reb@concordia.ab.ca, and the original signed signature page (hard-copy) must be sent to the Secretary of the Research Ethics Board. If you wish to submit your application in hard-copy, this form and all accompanying material must be submitted in quadruplicate to the Secretary of the Research Ethics Board, Concordia University of Edmonton.

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| Date of submission: Click here to enter a date. |  **Application Status:** New [ ]  Change [ ]  Renewal [ ]  |
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**SECTION A – GENERAL INFORMATION**

1. **Title of the Research Project:**  Click here to enter text.

2. **Investigator Information:**

 **Faculty primary investigator:**

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| Click here to enter text. |

Department Name / Address:

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| Click here to enter text.  |

 Phone:Click here to enter text. **Email:** Click here to enter text.

 **Faculty co-investigator(s):**

Name: Click here to enter text.

 Department Name / Address:

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| Click here to enter text. |

Phone: Click here to enter text. Email: Click here to enter text.

**Other investigator(s), including students – include names, affiliations and contact information for all, and for students, indicate their faculty supervisor:**

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| Click here to enter text. |

 **Department head (student’s department):** Name: Click here to enter text.

 Contact information:

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| Click here to enter text. |

3. **Proposed Dates** (a) of commencement: Click here to enter a date.

(b) of completion: Click here to enter a date.

4. **Indicate the location**(s) where the research will be conducted:

 Concordia University of Edmonton [ ]

Community [ ]  Specify site Click here to enter text.

Other [ ]  Specify site Click here to enter text.

5. **Other Research Ethics Board Approval**

(a) Is this a multi-centered study? [ ] **Yes** [ ]  **No**

(b) Has any other institutional Ethics Board approved this project? [ ] **Yes** [ ]  **No**

(c) If **Yes**, there is no need to provide further details about the protocol **at this time,** provided that **all** of the following information is provided:

* Title of the project approved elsewhere:

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| Click here to enter text. |

* Name of the Other Institution: Click here to enter text.
* Name of the Other Board: Click here to enter text.
* Date of the Decision: Click here to enter a date.
* A contact name and phone number for the other Board

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| Click here to enter text. |

* A **copy** of the application to the other institution together with **all** accompanying materials
* A copy of the clearance certificate / approval

**If all of the above information cannot be provided, please complete the balance of this application.**

(d) Will any other Research Ethics Board be asked for approval? [ ]  **Yes** [ ]  **No**

*If yes, please specify:*

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| Click here to enter text. |

6. **Project** **Funding**

 (a) Is this project currently being funded [ ] **Yes** [ ]  **No**

(b) If **No**, is funding being sought [ ] **Yes** [ ]  **No**

 (c) Period of Funding: From Click here to enter a date. To: Click here to enter a date.

 (d) Agency or Sponsor (funded or applied for)

 [ ] CIHR [ ] NSERC [ ] SSHRC [ ] NIH

[ ] ARB

 [ ] Other (specify): Click here to enter text.

7. **Conflict of Interest**

(a) Will the researcher(s), members of the research team, and/or their partners or immediate family members:

(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 being connected to this study?

 [ ] **Yes** [ ]  **No**

(ii) If **Yes**, please describe the benefits below. (Do **not** include conference and travel expense coverage, possible academic promotion, or other benefits which are integral to the conduct of research generally).

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| Click here to enter text. |

(b) Describe any restrictions regarding access to or disclosure of information (during or at the end of the study) that the sponsor has placed on the investigator(s).

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| Click here to enter text. |

**SECTION B – SUMMARY OF THE PROPOSED RESEARCH *– Please be as clear and concise as possible***

8. **Rationale**

Describe the purpose and background rationale for the proposed project, as well as the hypotheses (is)/research questions to be examined.

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| Click here to enter text. |

9. **Methodology**

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.).

***N.B. Attach a copy of all questionnaire(s), interview guides or other test instruments****.*

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| Click here to enter text. |

10. **Experience**

What is your experience with this kind of research?

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| Click here to enter text. |

11. **Participants**

Describe the number of participants and any salient characteristics (such as age, gender, location, affiliation, etc.)

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| Click here to enter text. |

12. **Recruitment**

Describe how and from what sources the participants will be recruited, including any relationship between the investigator(s) and participant(s) (e.g. instructor-student; manager-employee).

***N.B. Attach a copy of any poster(s), advertisement(s) or letter(s) to be used for recruitment.***

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| Click here to enter text. |

13. **Compensation**

(a)Will participants receive compensation for participation? **Yes** [ ]  **No** [ ]

Financial [ ]

 In-Kind [ ]

 Other (specify) Click here to enter text.

 (b) If yes, please provide details.

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| Click here to enter text. |

(c) If participants choose to withdraw, how will you deal with compensation?

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| Click here to enter text. |

**SECTION C – DESCRIPTION OF THE RISKS AND BENEFITS OF THE PROPOSED RESEARCH**

14. **Possible Risks**

1**.** Indicate if the participants might experience any of the following risks:

 a) Physical risk (including any bodily contact or administration of any

substance)? [ ] **Yes** [ ] **No**

b) Psychological risks (including feeling demeaned, embarrassed

worried or upset)? [ ] **Yes** [ ]  **No**

c) Social risks (including possible loss of status, privacy and / or

reputation)? [ ] **Yes** [ ] **No**

d) Is there any deception involved? [ ] **Yes** [ ] **No**

e) Are any possible risks to participants greater than those the

participants might encounter in their everyday life? [ ] **Yes** [ ] **No**

2. If you answered **Yes** to any of a – e above, please explain the risk.

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| Click here to enter text. |

3. Describe how the risks will be managed (including an explanation as to why alternative approaches could not be used).

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| Click here to enter text. |

15. **Possible Benefits**

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.

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| Click here to enter text. |

**SECTION D – THE INFORMED CONSENT PROCESS**

16. **The consent process (see sample consent forms at the REB web page:** [**http://research.concordia.ab.ca/research-ethics/**](http://research.concordia.ab.ca/research-ethics/)**):**

Describe the process that the investigator(s) will be using to obtain informed consent, including a description of who will be obtaining informed consent and a script of what they will say, if anything.

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| Click here to enter text. |

Indicate how consent will be documented. Attach a *copy* of the **Letter of Information** if applicable and the **consent form** if applicable. If there will be no written consent, explain why not and describe the alternative means that will be used to document consent. Attach the content of any telephone script that will be used in the consent process (if applicable).

For information about the required elements in the letter of information and the consent form, please refer to the REB site above.

17. **Consent by an authorized party**

If the participants are minors or for other reasons are not competent to consent, describe the proposed alternate source of consent, including any permission / information letter to be provided to the person(s) providing the alternate consent.

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| Click here to enter text. |

18. **Alternatives to prior individual consent**

If obtaining written documentation of participant consent prior to commencement of the research project is not appropriate for this research, please explain and provide details for a proposed alternative consent process.

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| Click here to enter text. |

19. **Debriefing (Participant feedback**)

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, access to the results of the research).

 ***N.B. Please provide a copy of the written debriefing form, if applicable.***

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| Click here to enter text. |

20. **Participant withdrawal**

1. Describe how the participants will be informed of their right to withdraw from the project. Outline the procedures which will be followed to allow the participants to exercise this right.

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| Click here to enter text. |

1. Indicate what will be done with the participant’s data and any consequences which withdrawal might have on the participant, including any effect that withdrawal may have respecting participant compensation.

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| Click here to enter text. |

1. If the participants will not have the right to withdraw from the project, please explain.

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| Click here to enter text. |

**SECTION E – CONFIDENTIALITY**

21. a) Will the data be treated as confidential? [ ] **Yes** [ ] **No**

b) Describe the procedures to be used to ensure anonymity of participants or confidentiality of data both during the conduct of the research and in the release of its findings.

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| Click here to enter text. |

c) Explain how written records, video/audio tapes and questionnaires will be secured, and provide details of their final disposal or storage.

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| Click here to enter text. |

d) If participant anonymity/confidentiality is not appropriate to this research project, explain, including providing details of how all participants will be advised of the fact that data will not be anonymous or confidential.

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| Click here to enter text. |

**SECTION F: MONITORING ONGOING RESEARCH**

22. **Annual Review and Adverse Events**

a) Minimum review requires the completion of a “**Renewal/Project Completed**” form at least annually. The form is available on the REB web site. Indicate below whether any additional monitoring or review would be appropriate for this project.

***It is the investigator’s responsibility to notify the REB using the*** [***“Renewal/Project Completed***](http://www.mcmaster.ca/ors/ethics/faculty_forms.htm)***” form, when the project is completed, or if it is cancelled.***

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| Click here to enter text. |

b) **Adverse events** (unanticipated negative consequences or results affecting participants) must be reported to the REB Secretariat and the REB Chair, as soon as possible and in any event, no more than 3 days subsequent to their occurrence.

23. **ADDITIONAL INFORMATION**

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| Click here to enter text. |

**SECTION G: SIGNATURE**

**Project Title:**

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| Click here to enter text. |

**I confirm that I have read the *Concordia University of Edmonton Research Ethics Board Guidelines for Research with Human Participants* and I agree to comply with the conditions outlined in the Guidelines.**

**Signature of Faculty Investigator Date**