

Applicant Information

Name of Principal Investigator (Faculty Member only)		Department	Faculty	Academic Appointment
Email Address		Office Telephone Number (required)	Cell Phone Number (required)	
Is the Principal Investigator in charge of all supervision? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Designated Supervisor (if different from Principal Investigator)		Position of Designated Supervisor. Only CUE Staff (excluding Research Assistants) allowed.	
Title of Project				
Start Date	End Date	Funding source		

Research characteristics (select all that apply)

Please select the option(s) that best applies to the type of research for which you are requesting authorization.

<input type="checkbox"/> Wet lab research (biology/health)	<input type="checkbox"/> Research in an office space
<input type="checkbox"/> Wet lab research (physics/chemistry)	<input type="checkbox"/> Research in shared spaces at CUE (meeting rooms, gym, etc.)
<input type="checkbox"/> Wet lab research (other). Describe:	<input type="checkbox"/> Off-campus: Field research (sample collection)
<input type="checkbox"/> Use of Biohazardous substances or chemicals	<input type="checkbox"/> Off-campus: Field research (interviews)
<input type="checkbox"/> Research with human subjects	<input type="checkbox"/> Library (on campus).
<input type="checkbox"/> Research with animals	<input type="checkbox"/> Other. Describe:

Location(s) where the research will be conducted (select all that apply)

On campus	Off campus
<input type="checkbox"/> Shared Biology lab (Allan Wachowich basement)	<input type="checkbox"/> Working from home
<input type="checkbox"/> Shared Chemistry lab (Allan Wachowich basement)	<input type="checkbox"/> Working on Campus at another institution
<input type="checkbox"/> Shared Physics lab (Allan Wachowich basement)	<input type="checkbox"/> Field work - sample collection (provide list of locations with addresses and dates/times of field work on a separate page)
<input type="checkbox"/> Rental lab (Allan Wachowich first floor)	<input type="checkbox"/> Field work - interviews (provide list of locations with addresses and dates/times of interviews on a separate page)
<input type="checkbox"/> Library (on campus)	<input type="checkbox"/> Combinations of off-campus and on-campus
<input type="checkbox"/> Other lab (provide door number and phone number)	<input type="checkbox"/> Other (explain)
<input type="checkbox"/> Office (own, provide location and phone number)	
<input type="checkbox"/> Office (rental or shared, provide location and phone number)	
<input type="checkbox"/> Meeting room (provide location and phone number)	

Who will conduct the research activities (select all that apply, and include the Principal Investigator).

If more staff is needed, please include additional pages.

On campus			Off campus		
Position (Principal Investigator, Faculty Collaborator, Research Staff, Research Assistant, Student)	Full Name	Email, address and phone number (required)	Position (Principal Investigator, Faculty Collaborator, Research Staff, Research Assistant, Student)	Full Name	Email, address and phone number (required)

Application Checklist (mandatory)

Completed Application Form

Mandatory attachments

- Justification to Application to Resume Research Activities during the COVID-19 Pandemic (two page maximum). Include any information that may indicate that the project may be time-sensitive. This information will be used to determine if an authorization is provided, and to define whether the project is deemed Critical Research, Time-Sensitive Research or Regular Research. For additional information, please consult the Guidelines to Conduct Research Activities on CUE's Campus (COVID-19).
- Quotes for Personal Protective Equipment or letter from Plant Operations stating that they will procure or provide it
- Information on any sources of funding for the research activity, including Department funds

Submission Instructions: Email signed application package as a single PDF document to research@concordia.ab.ca



Signatures and Approvals

Approvals are required from **both** of the following:

1. Department Chair or Director (as applicable)
2. Dean of the Faculty

Applicant:

- I agree to take full responsibility for the personnel listed above while conducting the research described in this application.
- I have listed all the research personnel that will work on the project(s) and will not allow visitors in the research spaces, except for research subjects (if applicable).
- I will supervise the research activities at all times, either directly or through the Designated Supervisor stated in this form.
- I will ensure that, before engaging in any research activity, the personnel under my supervision receives training on:
 - the proper use of Personal Protective Equipment (PPE) and CUE's Protocol for On-Campus Attendance;
 - the Guidelines to Conduct Research Activities on CUE's Campus (COVID-19); and,
 - any Standard Operations Procedure (SOP) required to work in the research described here.
- I will procure sufficient PPE for the research personnel under my supervision to use during their research activities
- I will maintain an accurate daily record of attendance for all research personnel.
- I will immediately report deviations to the activities described above, including changes in location, to the Office of Research Services.
- I will immediately stop work on a research project and remove all personnel from CUE if the work is deemed unsafe, in case of an active or suspected COVID-19 case, if instructed to do so by Plant Operations or the Academic Administration, or if there are changes to CUE's plan to reopen that prohibit it.
- I acknowledge that an authorization to resume research activities may be revoked at any time, due to any of the following:
 - Changes in restrictions due to the COVID-19 pandemic set by the government;
 - Presence of an active outbreak on campus, or a suspected COVID-19 case in the research team or at the research location;
 - Changes to CUE's Plan to Reopen; or,
 - Failure to abide by the conditions under which the activities were authorized.

Principal Applicant	signature	date
Designated Supervisor (if applicable)	signature(s)	date

Department Chair (or Director):

- have read the request and agree that the authorization request is valid
- verify that the applicant and/or co-applicant(s) have the necessary time and resources to carry out the research
- confirm that the designated supervisor listed in the application is CUE staff and not a Research Assistant and is capable of the proposed supervision

Department Chair – please print name	signature	date
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Dean of the Faculty:

- support the request for an authorization as stated in this application
- agree to the method to provide supervision to the research personnel (direct/designated supervisor), as described in the application

Dean of the Faculty – please print name	signature	date
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Internal Use Only (to be filled by the Office of Research Services)

Category	<input type="checkbox"/> Regular Research	<input type="checkbox"/> Time-sensitive Research	<input type="checkbox"/> Critical Research	Complete	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Reviewed by	Name		Position	Signature		

