



Research Services
 Red Deer College
 100 College Blvd
 Box 5005
 Red Deer, Alberta
 CANADA T4N 5H5
 Telephone: 403.343.4066
 Web-site: www.rdc.ab.ca/ethics

PROJECT APPLICATION

RESEARCH ETHICS BOARD

The personal information that you provide on this form is being collected under the authority of Post-Secondary Learning Act and the Freedom of Information and Protection of Privacy Act of Alberta. It will be used by members of the Red Deer College Research Ethics Board (REB) in order to provide you with an application review for your research project. The information will be protected in compliance with the provisions of the Freedom of Information and Protection of Privacy Act of Alberta and will be disclosed to members of the REB. The information will be retained for 5 years in accordance with established Information Management guidelines, after which it will be destroyed in a secure manner. If you have any questions about the collection and use of this personal information, please contact the Director of Research Services, Red Deer College, 100 College Blvd, Box 5005, Red Deer, Alberta, T4N 5H5. Telephone: 403.343.4066.

INSTRUCTIONS:

Every section must be completed before submitting your application to a Research Ethics Board representative. Attach copies of any questionnaires, interview schedules, tests, stimulus materials, participant voluntary consent forms, or other items required for a complete review of your application. Please write "N/A" if a section is not applicable to your research.

Note: If your project was approved through another formal Ethics review, please attach a copy of the Approval Certificate to your application.

RESEARCHER(S) INFORMATION

PRINCIPAL RESEARCHER'S NAME	PHONE NUMBER
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Please indicate the following: 1) Your knowledge/experience in conducting research 2) Your knowledge/background related to this research project 3) If you are a RDC staff member

CO-RESEARCHER(S)

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PROJECT TITLE

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SUMMARY OF PROPOSAL

Please provide a summary of your proposed research. The summary should include the purpose of the research, details of the methods you will use, and what participants will be expected to do (e.g. fill out a questionnaire, etc.)? Please specify the end use of the research and what the information will be used for.

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PROJECT APPLICATION (CONT.)

DATA COLLECTION

Please attach a copy of methods / procedures / protocol documents that you have prepared prior to completing this application.

	Attached	N/A
Information sheet (verbal or written)	<input type="checkbox"/>	<input type="checkbox"/>
Informed Consent form	<input type="checkbox"/>	<input type="checkbox"/>
Questionnaire / Survey / Interview Script / Sample Questions	<input type="checkbox"/>	<input type="checkbox"/>
Other - Please specify	<input type="checkbox"/>	

DATA COLLECTOR(S)

Location(s) of data collection:

Anticipated start date:

NOTE: for all projects, *other than class research projects*, you will be required to submit an Annual Status Report by the end of the academic year in which you started your research project. Multi-year projects will be required to submit an Annual Status Report for every year their project is active.

Please indicate if the source(s) of data are from existing records or previously collected data. Attach documentation if you have gained approval from others to conduct research using this data.

How will you ensure secure storage of data for a period of 5 years?

Do you guarantee that all research personnel will be made aware of the provisions of the RDC Research Ethics policy and process? Please check one.

YES NO

Note: By checking YES you are assuming responsibility for ensuring that your research will comply with the provisions of the RDC Policy on Ethical Conduct for Research Involving Human Participants.

How will you ensure that the provisions of this policy are adhered to? For example, how will you or a co-researcher monitor each part of the research project to ensure the provisions of this policy are adhered to?

PARTICIPANT INFORMATION

Source(s) of participants:

Significant participant characteristics: (age, physical health, mental health, institutionalization, etc.)

PROJECT APPLICATION (CONT.)

INFORMED CONSENT: Participants understand that their participation is voluntary, that they agree to any specific disclosure that may be required, and that they are fully aware of and consent to any risks that may be involved (see section 5 of policy). While not required, it may be helpful, where feasible to include an information sheet to leave with participants.

How will you obtain the participants' informed consent? You may indicate "See Introduction on Attached Questionnaire" if it references the voluntary nature, disclosure (if applicable), and risks (if applicable).

How will you ensure that participants understand their **continued** participation is voluntary? You may indicate "See Introduction on Attached Questionnaire" if it references the continued voluntary nature of your research. For example, that participants may choose to quit at anytime or choose not to answer any questions, etc.

What rewards will be offered for participation? (Please attach copies of any printed advertisements, transcripts of oral solicitations, etc.).

Are there any exceptions for free and informed consent of participants (See article 5.3 of policy)? Please check one. If, yes, please explain what accommodations will be made. YES NO

PRIVACY AND CONFIDENTIALITY (see Section 6 of policy)

Confidentiality: The identity of participants is known only to the researcher(s).

Privacy: In reporting, participants (individuals, groups, and participating organizations) are not identifiable.

How will you ensure **confidentiality** of the information? You may indicate "See Introduction on Attached Questionnaire" if it references confidentiality of the information collected.

How will you ensure the **privacy** of participants? You may indicate "See Introduction on Attached Questionnaire" if it references the privacy of research participants.

If appropriate, describe how consent is obtained from participants for **exceptions** to confidentiality/privacy.

If data are to be taken from **existing sources**, discuss the implications of pre-existing (implicit or explicit) guarantees of confidentiality/anonymity.

If you are collecting health information from a Regional Health Authority or Health Service Provider, attach the approval from accredited Provincial Research Ethics Board to this application.

DEMONSTRATING MINIMAL RISK:

Please specify any risks to participants and/or researchers in your study. For example:

- What risks to the physical or psychological well being or integrity of participants/researcher(s) might arise from your procedures? Discuss your justifications, safeguards, and resolutions for these risks.
- What apparatus, element of the physical environment, substance, or other material(s) could cause harm to participants/researcher(s) if a malfunction, misuse, accident, allergic reaction, or side effect, etc. were to occur?
- Who is responsible for checking for defects of a potentially hazardous apparatus or material?
- On what schedule are inspections of the apparatus or material made?
- When was the last inspection of the apparatus or material made?
- If participants/researcher(s) taste, ingest, or have applied to them, or come into contact with, some substance that could cause harm, what safeguards do you have in place?

- If concealment and/or deception are employed, provide justification. Discuss how participants will be informed of such concealment and/or deception. How and when will participants be debriefed? Provide a complete transcript of your debriefing.
- If special conditions exist within the research that could cause physical or psychological harm or if participants require special attention because of physical or psychological characteristics, describe the qualifications of research personnel.
- Other risks – Please specify.

It should be noted that it is the responsibility of the principle investigator to ensure the safety of all data collectors, including where data collection takes place off-campus.

STATEMENT OF AGREEMENT

I have read the Red Deer College Guidelines for Research Ethics and agree to abide by all obligations with respect to this project.	
NAME OF PRINCIPAL RESEARCHER (PLEASE PRINT)	DATE (DD/MM/YYYY)
NOTE: Any and all personal information which you collect in the course of this research project must be protected in compliance with the provisions of the Freedom of Information and Protection of Privacy Act of Alberta.	
SIGNATURE	

Your completed application form can be sent to any one of the REB members. Please refer to the REB website for a current list of members at: <http://www.rdc.ab.ca/ethics/> or contact Research Services at 403.343.4066.

FOR RESEARCH ETHICS BOARD USE ONLY
Date on which this application was received by the REB: