



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

PROJECT APPLICATION SIGNATURE FAX FORM

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 by the REB according to 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:

This form is to be completed, signed, and then faxed to the Director of Research Services at **403.342.3576**. Please ensure that your completed application form with attached copies of any questionnaires, interview schedules, tests, stimulus materials, participant voluntary consent forms, or other items required for a complete review of your application have also been submitted to the Director of Research Services.

RESEARCHER(S) INFORMATION

PRINCIPAL RESEARCHER'S NAME	PHONE NUMBER
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What are your qualifications to do this research? Please identify your knowledge/background related to the research (for example, if you are an instructor or student in a particular field of study, etc.).

CO-RESEARCHER(S)

CO-RESEARCHER'S NAME	PHONE NUMBER
CO-RESEARCHER'S NAME	PHONE NUMBER

PROJECT TITLE

STATEMENT OF AGREEMENT

I have read the Red Deer College Guidelines for Human Research Ethics and agree to abide by all obligations with respect to this project.

NAME OF PRINCIPAL RESEARCHER (PLEASE PRINT)	DATE (DD/MM/YYYY)
SIGNATURE	

FOR RESEARCH ETHICS BOARD USE ONLY

Date on which this application fax form was received by the REB: