** Research Ethics Board**

**Research Ethics certification – New Application Form**

**FR-REB-001**

**Application to Involve Human Participants in Research**

**For Behavioural / Non- Medical Studies only**

**For Medical Studies, contact** **reb@ucn.ca**

**Please refer to *UCN Policy and Procedures Governing Ethical Conduct of Research Involving Humans* before completing and submitting this application. If you have questions or need assistance with this form, contact** reb@ucn.ca

**Approved protocols will be valid for a period of 1 year and may be renewed (if no changes required in the protocol design or if amendment is required in a previously-approved ethics protocol) in years 2 and 3 with new application in year 4. For renewals and amendments, use FR-REB-003 Requests for Research Ethics – Renewal/Amendment Form.**

**Submit this new application form and all accompanying materials/attachments to** reb@ucn.ca

**All materials must be submitted electronically as PDFs, including the signed signature page**.

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| **Date:**  | **Application Status:** **New [ ]** **Change** **[ ]** **Renewal** **[ ]**  | **Protocol#:**  |

**SECTION A – GENERAL INFORMATION**

1. **TITLE:**

2. **Investigator Information**

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|  | **Name** | **Dept./Address**  | **Phone No.**  | **E-Mail** address you regularly use |
| **Principal Investigator** |  |  |  |  |
| **Co-Investigator(s)**  |  |  |  |  |
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| **Student Investigator(s)** |  |  |  |  |
| **Student Faculty Supervisor** |  |  |  |  |

3. **UCN requires applicants to have engaged with the community or group they intend to study before initiating any research.** Describe the ways in which the principal investigator and any co-investigators have already engaged with the community or group you intend to involve in this study. If such engagement has not taken place, explain why not.

4. **When will you begin recruiting participants or reviewing private papers?**

 **(Contact REB for urgent requests)**

 **Estimated Completion Date:**

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

 UCN Campus **[ ]** specify The Pas or Thompson

UCN Regional Centre [ ] specify name of regional centre (e.g. Swan River, Norway House)

 Community [ ] specify name of community

 Other **[ ]** specify site or location (e.g. provincial park; remote camp)

6. **Other Research Ethics Board Approval**

This section pertains to situations where another institution (like a university) or organization (like a health authority, or a community council) may be involved in granting ethics approval for your study.

(a) Does this study involve other institutions/organizations besides UCN? **[ ]** **Yes**  **[ ]** **No**

(b) Has any other institutional/organizational 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 to the UCN REB:

* + - Title of the project approved elsewhere
		- Name of the other institution/organization
		- Name of the other institutional/organizational ethics board that approved the study
		- Date of the approval decision
		- A contact name and phone number for the other institutional/organizational ethics board
		- A copy of the application to the other institution/organization together with **all** accompanying materials
		- A copy of the clearance certificate/approval from the other institution/organization

 **If all of the above information cannot be provided, please complete the rest of**

 **this application.**

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

 *If Yes, please specify*

7. **Level of the Project**

 **[ ]** Faculty Research **[ ]** Post-Doctoral **[ ]** PhD

 **[ ]** Staff/Administration **[ ]** Masters

**[ ]** Undergraduate

 **[ ]** Other (specify)

8. **Funding of the Project**

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

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

 (c) Period of Funding: From: To:

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

 **[ ]** NSERC **[ ]** SSHRC **[ ]** CIHR

 **[ ]** Other (specify)

9. **Conflict of Interest**

**All researchers are required to adhere to UCN Policy AC-04-03 *Conflict of Interest in Research and Scholarly Activity*, posted on the UCN website*.***

 (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). If not applicable, write N/A.

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 (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). If not

 applicable, write N/A.

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10. **Principles of OCAP®**

The First Nations Information Governance Centre (FNIGC) is home to the [First Nations Principles of OCAP®](https://fnigc.ca/training/fundamentals-ocap.html%20), a set of principles that guide how research with First Nations people should be conducted and how that information should be stored.

OCAP® stands for *ownership, control, access, and possession*. It means that First Nations control data collection processes in their communities and that First Nations own, protect and control how their information is used. Access to First Nations data is important, and under OCAP® First Nations determine how and when external researchers are allowed to access and use their information. OCAP® is an important expression of First Nations jurisdiction over its information. For more details, refer OCAP® website at <https://fnigc.ca/>. UCN respects, acknowledges and adheres to the Principles of OCAP® in its research projects.

(a) Is your research project conducted with First Nations people or use First Nations Data?

**[ ]** **Yes** **[ ]** **No [ ]** **N/A**

(b) Have you reviewed and familiarized with information in the OCAP® website?

**[ ]** **Yes** **[ ]** **No [ ]** **N/A**

(c) Are you going to follow OCAP® Principles in your research projects?

**[ ]** **Yes** **[ ]** **No [ ]** **N/A**

11. **TCPS 2: CORE Certification**

All UCN researchers (faculty, instructors, staff and students) are required to read the *Tri-Council Policy Statement (TCPS): Ethical Conduct for Research Involving Humans – TCPS2 (2022)* (<https://ethics.gc.ca/eng/policy-politique_tcps2-eptc2_2022.html>), and have completed the TCPS 2: Course on Research Ethics-2022 (CORE-2022) online tutorial and certification (<https://tcps2core.ca/welcome>). The tutorial will help researchers familiarize themselves with the TCPS 2 and consider their research in this light. Researchers are required to attach their TCPS 2: CORE-2022 certificates with this ethics application form.

(a) Have you read all sections of *Tri-Council Policy Statement (TCPS): Ethical Conduct for Research Involving Humans – TCPS2 (2022)*?

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

(b) Have you completed the TCPS 2: [CORE-2022 online tutorial](http://tcps2core.ca/welcome) and provided the copy of your TCPS 2: CORE-2022 certificate with this ethics application form?

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

**SECTION B – SUMMARY OF THE PROPOSED RESEARCH *– Please be as Clear and Concise as Possible***

12. **Rationale**

Describe the purpose and background rationale for the proposed project, as well as the hypothesis/research questions to be examined.

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13. **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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14. **Experience**

What is your experience with this kind of research?

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15. **Participants**

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

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16. **Recruitment**

Describe how and from what sources the participants will be recruited, including any relationship(s) 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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17. **Compensation Yes No**

(a)Will participants receive compensation for participation? **[ ]** **[ ]**

Financial **[ ]** **[ ]**

 In-Kind **[ ]** **[ ]**

 Other (specify)

 (b) If yes, please provide details.

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(c) Do you anticipate any impacts that compensation may make on your data collection? If yes, please provide details.

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

18. **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) to e) above, please explain the risk.

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

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19. **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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**SECTION D – THE INFORMED CONSENT PROCESS**

20. **The Consent Process**

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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Indicate how consent will be documented. Attach a copy of the UCN Letter of Information /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/Consent Form, please contact reb@ucn.ca

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21. **Consent by an authorized party**

If the participants are minors or for other reasons are unable/ 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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22. **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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23. **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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24. **Participant withdrawal**

a) 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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b) 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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c) If the participants will not have the right to withdraw from the project, please explain.

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**SECTION E – CONFIDENTIALITY**

**Note that a digital data management plan is to be developed covering the entire research life cycle, for all disciplines. Refer to the Tri-Agency Statement of Principles on Research Data Management:** <http://www.science.gc.ca/eic/site/063.nsf/eng/h_83F7624E.html>

25. 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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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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 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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**SECTION F -- MONITORING ONGOING RESEARCH**

26. **Annual Review and Adverse Events**

a) Minimum review requires the completion of a “Renewal/Project Completed” form at least annually. Indicate whether any additional monitoring or review would be appropriate for this project.

***It is the investigator’s responsibility to reply to the Annual Completed Status Report E-mail which is sent one year from date of ethics approval.***

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b) **Adverse events** (unanticipated negative consequences or results affecting participants) must

be reported to the UCN REB Chair, as soon as possible and in any event,

no more than 3 days subsequent to their occurrence. The UCN REB Chair is Abayomi Oredegbe aoredegbe@ucn.ca

27. **ADDITIONAL INFORMATION**

(Use an additional page if more space is required to complete any sections of the form, or if there is any other information relevant to the project which you wish to provide to the Research Ethics Board.)

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**Investigator Assurance:**

*“I confirm that I have read* ***UCN Policy and Procedures Governing Ethical Conduct of Research Involving Humans*** *and I agree to comply with the conditions outlined in this Policy.”*

**Signature of Principal Investigator FULL NAME Date**

**Faculty Supervisor Assurance: For graduate/undergraduate students where the supervisor is the primary supervisor for a thesis:**

*“I confirm that I have read* ***UCN Policy and Procedures Governing Ethical Conduct of Research Involving Humans,*** *and**I agree to comply with the conditions outlined in this Policy.**I have read the application and proposal and deem the project to be valid, meaningful and with educational, scientific or broader social merit and I agree to provide the necessary supervision of the student(s) and to make myself available should problems arise during the course of the research.”*

**Signature of Faculty Supervisor FULL NAME Date**

**Signature of Graduate/Undergraduate Student FULL NAME Date**

**Faculty Supervisor Assurance: For graduate/undergraduate students where the supervisor is not the primary supervisor, and where the research is not for a graduate thesis:**

*“I confirm that I have read* ***UCN Policy and Procedures Governing Ethical Conduct of Research Involving Humans,*** *and I agree to comply with the conditions outlined in this Policy. I have read the application and proposal and deem the project to be valid, meaningful and with educational, scientific or broader social merit, and I agree to make myself available for consultation should problems arise during the course of the research.”*

**Signature of Faculty Supervisor FULL NAME Date**

**Signature of Graduate Student FULL NAME Date**

Form updated on October 17, 2023.