CAPILANO UNIVERSITY

FOR OFFICE USE ONLY	
REB Number	Date Received

APPLICATION FOR ETHICAL REVIEW

Please indicate if this is a:

- ☐ New Application
- ☐ Application Amendment
- ☐ Application Renewal

Please submit this form and all required appendices to reb@capilanou.ca. Guides, examples, and instructions on how to fill out this form can be found on the CapU REB website.

Student applications must be submitted by the Supervising Faculty. By submitting an application on behalf of a student, the Supervising Faculty attests that they have read and endorse the application, and is responsible for ensuring that the research is conducted in accordance with the approved ethical protocol.

Submission of this document to the REB constitutes a commitment of the Principal Investigator to adhere to the ethical protocol in accordance with Capilano University Research Ethics Policy: Research with Human Subjects (S2002-01), and the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS2). Once approved, this document is the ethical protocol with which the research must comply.

1. Title of Research Project

2. Is this research being completed as partial fulfillment of a course, diploma or degree? Indicate the course, program or degree as applicable.

- ☐ Course:
- ☐ Diploma:
- ☐ Degree:

Other:

3. Is this research associated with a university other than Capilano University, or another institution or organization such as a school, agency or First Nation/s? If yes, describe the institution or organization and the nature of the association.

4. Is this research subject to the ethical review of another university or organization (e.g. school board, First Nation, etc.)? If 'yes', indicate whether ethical approval has or will be sought, and attach details of approval where applicable (Appendix F).

- ☐ Yes:
- ☐ No

5. Is this research funded? If 'Yes', indicate source(s) and expected duration of the funding (specific agency, institution, corporation, etc.).

- ☐ Yes:
- ☐ No

6. The following questions are intended to generally describe participants involved in the research. Check all that apply. Will the research:

- ☐ Involve child/youth participants below the age of majority (19 years old in BC)?
- ☐ Involve persons who lack or have diminished capacity (e.g. physical, mental, emotional, cognitive) to consent?
- ☐ Involve persons who are institutionalized?
- ☐ Involve asking participants about behavior that may be considered criminal activity in the jurisdiction in which the research is being completed?
- ☐ Involve a researcher who is in or has a prior professional and/or personal relationship with one or more of the research participants?
- ☐ Involve Aboriginal or Indigenous communities, or focus on Aboriginal or Indigenous people?

7. PROJECT PERSONNEL (If more than four researchers are involved in this project, please include details as an attachment)

7.1 Principal Investigator (includes students)	Degree(s)	Position at Capilano University
Institution	Faculty/Department	School/Institute
Mailing Address	Phone	Email
Role in Project		
Qualifications (e.g. training, previous research experience, prior involvement with the study population)		
Has this researcher completed the TCPS2 Tutorial Course on Research Ethics (CORE)? If so, please submit the Certificate of Completion (Appendix J). ☐ Yes ☐ No		
Direct Supervisor		

7.2 Investigator	Degree(s)	Position at Capilano University
Institution	Faculty/Department	School/Institute
Role in Project		
Research Qualifications (e.g. training, previous research experience, prior involvement with the study population)		
Has this researcher completed the TCPS2 Tutorial Course on Research Ethics (CORE)? If so, please submit the Certificate of Completion (Appendix J). ☐ Yes ☐ No		

7.3 Faculty Supervisor (student research)	Degree(s)	Position at Capilano University
Institution	Faculty/Department	School/Institute
Role in Project		
Research Qualifications (e.g. training, previous research experiences, prior involvement with the study population)		
Has this researcher completed the TCPS2 Tutorial Course on Research Ethics (CORE)? If so, please submit the Certificate of Completion (Appendix J). ☐ Yes ☐ No		

7.4 Other Personnel	Degree(s)	Position at Capilano University
Institution	Faculty/Department	School/Institute

Role in Project
Research Qualifications (e.g. training, previous research experiences, prior involvement with the study population)
Has this researcher completed the TCPS2 Tutorial Course on Research Ethics (CORE)? If so, please submit the Certificate of Completion (Appendix J). ☐ Yes ☐ No

8. SUMMARY OF PROJECT PURPOSE, OBJECTIVES, METHODS, AND KNOWLEDGE TRANSFER

8.1 Summary of purpose and objectives. Submissions should include a copy of the research plan or proposal in Appendix D. The purpose statement should explain **why** the research is being conducted (e.g. to produce knowledge that addresses a gap in literature).
8.2 Summary of project methods. How will you accomplish the project purpose and objectives? In chronological order, briefly describe how you will complete all steps of the research (e.g. recruitment, consent, data collection, transcription, participant checking, analysis, knowledge transfer). Please submit all research instruments (see below).
8.3 Indicate the research techniques and instruments that will be used. ☐ Questionnaires/surveys (submit Appendix E) ☐ Interviews (submit Appendix E) ☐ Data collection with groups (e.g. focus group, world café) (submit Appendix E) ☐ Participant observation ☐ Deception or withholding of information from participants (submit Appendix H) ☐ Other – please describe:

8.4 Where will research activities involving participants take place? Indicate whether this space will be private or public.	8.5 Project Period (enter "upon REB approval" for immediate start after approval is granted)	
	Start date (DD/MM/YY)	Estimated end date (DD/MM/YY)

8.6 How will the research findings be presented and distributed? (e.g. graduate thesis, conference, journal article/s, report, course paper, etc.) If research findings will not be make publically available, describe who will receive the products of the research.

9. STUDY POPULATION AND RECRUITMENT

9.1 How many people are expected to participate in the study?	9.2 If applicable, how many participants are expected to be in the control group? ☐ Not Applicable ☐ Applicable:

9.3 Inclusion criteria. Who is being recruited, and what are the criteria for their selection? Please enter as an itemized list. (Note: TCPS2 encourages as broad an inclusion of participants as possible, including age, gender, and other characteristics. Minors may participate with or without parental consent in some cases.)

9.4 Exclusion criteria. Who will be excluded from the study and what are the criteria for their exclusion? (Note: TCPS2 discourages exclusion of participants by age, gender, or other arbitrary criteria. Please include justification for your exclusion of certain groups, including mature minors.)

9.5 How and by whom will participants be recruited? If the initial contact is by letter, email, posted recruitment notice, or verbal script, attach a copy in Appendix B. If by email, please describe who will send the email and the number and timing of any reminder emails. Note that the REB discourages initial contact by telephone. However, surveys which use random digit dialing may be allowed. If your study involves such contact, you must also include Appendix I.

10. CONSENT (If consent is required submit Consent form as Appendix F)

10.1 Consent mechanism

a) From whom will consent be sought?

b) Who will seek consent?

c) How will consent be sought and documented?

d) At what point in recruitment process will consent be sought?

Notes:
a) Consent may be sought from participants themselves and/or authorized third parties such as parents and/or guardians.
b) Consent may be sought by an Investigator or by other research personnel.
C) Different research techniques raise different kinds of risks that need to be communicated to participants as part of consent, and thus different techniques often require different consent forms (e.g. interviews, focus groups, on-line surveys).
d) The REB encourages Investigators to provide the consent information to potential participants as early as possible in the recruitment process.

10.2 If applicable, how will you modify the consent form to accommodate participants who lack or have diminished capacity to consent? Consider physical or mental condition, age, language, and other barriers. Please describe the steps that will be taken to obtain consent or assent in such cases, including who will provide consent in cases where participants will not provide consent for themselves. Justify any alteration consent (see, e.g., TCPS Article 3.7A).

- ☐ Not Applicable
- ☐ Applicable:

10.3 Have you engaged with, or will you be engaging with, organizations or institutions with which participants are associated, such as a school, business, or First Nation? If so, please describe this engagement.

10.4 Will participants be provided an opportunity to review, make changes to, and/or withdraw data they provide (e.g. transcript of their interview)? If “yes”, describe the process of participant checking (how and when will the data be provided to participants?). If “no”, explain why not.

10.5 How will you ensure consent is ongoing, and up until what point in the research will participants be able to withdraw from the study? Please be specific concerning the point in time after which withdrawal would not be possible.

11. BENEFITS AND RISKS

11.1 Benefits. Describe any potential *direct* benefits to participants.

11.2 Will the results of the study be made available to participants and the organization with which participants are associated? If so, explain how. If not, explain why not.

11.3 Impact on Community or Organization. If your research may have a positive or negative impact on a specific community, group, or organization please describe. If the results may be critical of any community, organization, or group, participants should be informed of the possible consequences.

11.4 Risks.

a) Please identify any known or anticipated risks to participants, such as risk of mental or emotional distress, loss of privacy, loss of status, loss of reputation, or loss of professional or employment opportunities?

b) Explain why these risks might be warranted.

c) Indicate how these risks would be minimized and managed.

11.5 How much time will participants dedicate to the project? Please describe the time required in terms of number of visits, tasks, and minutes/hours per visit/task, as applicable.

11.6 Describe any compensation or inducement being offered to participants, such as reimbursements for expenses, medication, honoraria, gift cards, etc. Indicate the monetary value associated with any inducements.

- ☐ Not Applicable
- ☐ Applicable:

11.7 Is there a professional and/or personal relationship of any kind between any of the project personnel and any of the participants, such as a relationship between a teacher and student, employer and employee, care provider and care receiver, colleague and colleague, etc.? Please explain the nature of the relationship. If there is potential for undue influence, explain how potential undue influence would be minimized and managed (see, e.g., TCPS Article 3.1).

11.8 Data collection may produce material incidental findings; that is, unanticipated discoveries having significant welfare implications for the participant or third parties. Is this study likely to produce incidental findings? If so, describe your plan to manage incidental findings (see, e.g., TCPS Article 3.3).

12. CLINICAL STUDIES (complete this section only if the research is clinical in nature)

12.1 What procedures in this project (e.g. diagnostic procedures or other treatment) involve an experimental approach differing from standard patient care or practice? Are any of the procedures, devices or diagnostic tests used in this study still in the experimental stage? If so, please specify and identify the known or anticipated risks.

- ☐ Not Applicable
- ☐ Applicable:

12.2 For clinical research involving medical devices, drugs, or health products, please describe the status of approval with Health Canada and attach documentation from the Health Products and Food Branch of Health Canada.

- ☐ Not Applicable
- ☐ Applicable:

12.3 If applicable, provide details of any possible side effects resulting from the experimental treatment.

12.4 Diagnostic procedures may produce material incidental findings; that is, unanticipated discoveries having significant welfare implications for the participant or third parties. Is this study likely to produce incidental findings? If so, describe your plan to manage incidental findings (see, e.g., TCPS Article 3.3).

13. DATA COLLECTION AND MANAGEMENT

13.1 Will you use data collected from human participants that was collected for purposes other than the research (e.g. prior studies, school records, etc.). Is this data publically available? If not, how and from where will this data be acquired? Does the data contain personally identifiable information? (see,e.g., TCPS Article 5.5A)

13.2 Describe the nature of the primary data to be collected (e.g. personal opinions of participants concerning subject of inquiry, test results, product of classroom activity, observations of Investigator, etc.)

13.3 How will data be recorded? (e.g. audio recording, video recording, interview notes taken by researcher, questionnaire answers written by participant, online survey, clinical charts, journal of researcher, etc.)

13.4 Level of anonymity.

a) To what extent will personally identifiable information be collected and disclosed? Select the method that best describes the level of anonymity employed.

- ☐ **Directly identifying information** – the information identifies a specific individual through direct identifiers (e.g., name, social insurance number, personal health number).
- ☐ **Indirectly identifying information** – the information can reasonably be expected to identify an individual through a combination of indirect identifiers (e.g., date of birth, place of residence or unique personal characteristic).
- ☐ **Coded information** – direct identifiers are removed from the information and replaced with a code. Depending on access to the code, it may be possible to re-identify specific participants (e.g., the principal investigator retains a list that links the participants' code names with their actual name so data can be re-linked if necessary).
- ☐ **Anonymized information** – the information is irrevocably stripped of direct identifiers, a code is not kept to allow future re-linkage, and risk of re-identification of individuals from remaining indirect identifiers is low or very low.
- ☐ **Anonymous information** – the information never had identifiers associated with it (e.g., anonymous surveys) and risk of identification of individuals is low or very low.

b) Describe the extent to which personally identifiable information will be disclosed in the products of the research.

c) If the study employs multiple data collection techniques that involve different levels of anonymity, describe the level of anonymity associated with each technique**.**

- ☐ Not Applicable
- ☐ Applicable:

13.5 For research involving coded information, describe how and by whom coded data will be managed. Where and how will the code be stored? Under what circumstances would the code be used to re-identify information?

- ☐ Not Applicable
- ☐ Applicable:

13.6 Who will have access to the data at each stage of the research? How they will be made aware of their responsibilities concerning privacy and confidentiality (e.g., attached confidentiality agreement)? Please list personnel, their roles, and at what stage of the research they will access the data (e.g., Investigator, research assistant, transcriptionist, translator, etc.).

13.7 How and where will the data and consent forms be stored (e.g., files on computer hard drive, hard copy, videotape, audio recordings, mobile phone, etc.)?

Note: Research documents must be kept in a secure locked location and computer files should be password protected and encrypted, data should not be stored or downloaded onto an unsecured computer, back up files should be stored with same level of protection. If any data or images are to be kept on the web servers, please describe privacy security measures in place such as passwords and user agreements.

13.8 What are the plans for future use of the project data or biological samples beyond that described in this protocol? Will the data or samples be kept in a database or registry for future research? How and when will the data be destroyed?

Note: Please consult institution, granting agency, and publisher policy and ensure that retention information is described in the consent form. Many require retention of data for at least 5 years after publication and clinical trial data for at least 25 years.

13.9 Third Party Service Providers:

a. If applicable, indicate which internet-based services will be used to collect, store, and/or analyze your data, and where their servers are located.

b. If applicable, indicate how you will ensure that participants are made aware of any privacy and/or confidentiality issues related to use of internet-based services.

c. If using on on-line survey instrument, provide the URL (website link) to the survey.

☐ Not Applicable

☐ Applicable:

14. CONFLICT OF INTEREST DECLARATION

If any of the following apply, please explain how the conflict will be avoided or managed: 1) Hold patent rights or intellectual property rights linked in any way to this study or its sponsor, 2) Receive personal benefits in connection with this study (e.g., paid by funder for consulting), 3) Non-financial relationship with the sponsor such as unpaid consultant, advisor, board member or other non-financial interest, or 4) Have direct financial involvement with the sponsor such as ownership of stock, stock options, or membership on a Board.

15. **ATTACHMENTS**

15.1 Check items attached to this submission, if applicable. Incomplete submissions will not be reviewed.

☐ Budget (Appendix A)

☐ Letter of initial contact (Appendix B)

☐ Advertisement for volunteer participants (Appendix B)

☐ Recruiting letters from third parties (Appendix B)

☐ Dissertation or thesis board acceptance letter (Appendix C)

☐ Research plan (Appendix D)

☐ Plan for disclosing incidental or secondary findings (Appendix D)

☐ Questionnaires, tests, interviews, etc. (Appendix E) **Please see Questionnaire Guidelines Checklist.**

☐ Explanatory letter with questionnaire (Appendix E)

☐ Participant consent form (Appendix F) **Please see Consent Guidelines Checklist.**

☐ Control group consent form (Appendix F)

☐ Parent / guardian consent form (Appendix F)

☐ Agency consent (Appendix F)

☐ Confidentiality agreement for research assistants (Appendix F)

☐ Application for funding of funded research (Appendix G)

- ☐ Deception form, including a copy of transcript of written or verbal debriefing (Appendix H) **Please see Consent Guidelines Checklist.**
- ☐ Telephone contact form (Appendix I) **Please see Consent Guidelines Checklist.**
- ☐ Copy of TCPS tutorial certificate for Principal Investigator (Appendix J)
- ☐ Other – Specify:_____

15.2 Use this area to provide information which you feel will be helpful to the REB or to continue any item for which sufficient space was not provided.

- ☐ Not Applicable
- ☐ Applicable: