



# NAIT Research Ethics Application

Application for Ethics Review of Research Involving Humans.

## Section A: Researcher Information

**Type of Application: \***

NAIT Faculty or Staff

NAIT Student

External Researcher (i.e. from an institute other than NAIT)

## Contact Information for External Researchers

**Name of Applicant: \***

First Name

Last Name

**Institution: \***

**Role at Institution: \***

**Department: \***

**E-mail: \***

jsmith@yourinstitution.com

**Phone Number \***

Area Code

Phone Number

**Are you the Principal Investigator? \***

Yes

No

**Are there additional researchers on this project (i.e. researchers other than yourself)? \***

Yes

No

## NAIT Faculty/Staff Researchers

**Name of Applicant: \***

First Name

Last Name

**Department: \***

**E-mail: \***

jsmith@yourinstitution.com

**Phone Number: \***

Area Code

Phone Number

**Are you the Principal Investigator? \***

Yes

No

**Are there additional researchers on this project (i.e. researchers other than yourself)? \***

Yes

No

## Contact Information for NAIT Student Researchers

Note: Faculty supervisors must be NAIT staff members or hold adjunct status at NAIT.

**Name of Applicant: \***

**Department: \***

**E-mail: \***

jsmith@yourinstitution.com

**Phone Number: \***

Area Code

Phone Number

**Name of Faculty Supervisor: \***

First Name

Last Name

**E-mail: \***

jsmith@yourinstitution.com

**Phone Number: \***

Area Code

Phone Number

**Are there additional researchers on this project (i.e. researchers other than yourself and the faculty supervisor)? \***

Yes

No

## Additional Researchers

**Name:**

First Name

Last Name

**Institution:**

**Role at Institution:**

**Department:**

**Email:**

example@example.com

**Phone Number:**

Area Code

Phone Number

**Name:**

First Name

Last Name

**Institution:**

**Role at Institution:**

**Department:**

**Email:**

example@example.com

**Phone Number:**

Area Code

Phone Number

## About Your Research

**Title of Research: \***

**Start Date: \***



Day Month Year

**End Date: \***



Day Month Year

**Has this research had previous NAIT REB Approval? \***

Yes

No

**What is the NAIT REB File Number:**

**Has this research been approved by another research board? \***

Yes

No

**Funding: \***

Funded

Funding Pending

Unfunded

**Does the proposed research involve real or perceived conflict of interest as a result of, or in connection to, this study? \***

Yes

No

**Does your project involve secondary use of data collected for purposes other than originally intended/consent to? \***

**Please explain.**

## Funding Information

### Funding Agency

### Grant Number

### Grant Name

## Funding Dates

### From

   

Day Month Year

### To

   

Day Month Year

## Conflict of Interest

**Please describe the area(s) of conflict and explain how you will inform participants.**

# Section B: Project Overview

## Research Description

**Purpose and Rationale: \***

Describe the proposed research project in non-technical language.0/2000

**Provide a sequential description of what the participants will be invited to do in the study, and what information will be obtained from them. \***

0/2000

## Participants

**Participant groups and/or distinguishing characteristics not covered on the list above (e.g. gender, ethnicity):**

**Anticipated number of participants: \***

**Will any of your participants be UNDER 18 years of age? \***

Yes

No

**Are there any acknowledged or implicit exclusion criteria for participants? \***

Yes

No

**Which linguistic groups will be recruited? \***

- English-speaking
- French-speaking
- 

**Is translation required? \***

- Yes
- No
- Don't know yet

**How will the translation be accomplished?**

**Is there any pre-existing relationship between the researcher(s) and the participants? \***

- Yes
- No

**Please explain.**

**Are any of the researcher(s) in a direct position of power to the participants? \***

Yes

No

**Please explain.**

## **Recruitment**

**Who will be recruiting participants? \***

**Will any part of the research be conducted outside of NAIT jurisdiction? \***

Yes

No

## Multi-jurisdictional Research

As per article 8.4 of the TCPS 2 (2018), when conducting research outside the jurisdiction of their home institution, whether at a site or abroad, or in Canada, researchers shall provide their home REBs with the:

1. relevant information about the rules governing research involving humans and the ethics review requirements at the research site, where any exist;
2. names and contact information for the relevant REBs or comparable ethics bodies, if known, that will review the proposal at the research site; and
3. relevant information about the target populations and circumstances that might have a bearing on the research ethics review by the researchers' home REB. (para. 1)

**Please supply any applicable (as indicated above) information about your multi-jurisdictional research:**

**Is additional institutional, governmental or other permission needed to conduct the research? (e.g. school board, police clearance, community, First Nations, Inuit, Metis, etc.). \***

Yes

No

**Please explain.**

**Specify how participants will be identified and recruited. Where participant observation is to be used, please explain your insertion into the research setting (e.g. living in a community, visiting on a bi-weekly basis, attending organized functions, etc.). \***

## Recruitment Materials

**Please verify that recruitment materials, at a minimum, include all of the following: \***

- |  |  |
|--|--|
| <input type="checkbox"/> Name and contact of researcher(s) and the research facility | <input type="checkbox"/> Sponsor/funder of the study (if applicable) |
| <input type="checkbox"/> Purpose of the study  | <input type="checkbox"/> Study location (and/or specify "online")    |
| <input type="checkbox"/> Eligibility criteria  | <input type="checkbox"/> Time commitment                             |
| <input type="checkbox"/> Compensation offered (if applicable)                        |  |

## Compensation

**Please provide details about the amount and type of compensation.**

**How will you address compensation if participants choose to withdraw from the study? Include a breakdown for partial compensation, if relevant.**

## **Section C: Potential Risks and Benefits**

### **Potential Benefits**

**Are there any potential direct benefits to participants? \***

Yes

No

**Are there potential indirect benefits to participants? \***

Yes

No

**Are there potential benefits to the participant's community? \***

Yes

No

**Are there potential benefits to the scientific/scholarly community and/or society? \***

Yes

No

**Please describe any known or anticipated benefits of this research, not including compensation. (If applicable, please also state the potential benefits on the Informed Consent letter and/or script.)**

## **Potential Risks**

The level of foreseeable risk posed to participants by their involvement in research is assessed by considering the magnitude or seriousness of the harm and the probability that it will occur, whether to participants or third parties.

The TCPS 2 (2018) describes minimal risk research as "research in which the probability and magnitude of possible harms implied by participation in the research are no greater than those encountered by participants in those aspects of their everyday life that relate to the research" (Article 2, para. 9).

Consider individual as well as group vulnerabilities (e.g. pre-existing conditions, cognitive/emotional factors, legal status, socioeconomic factors, etc.)

**Type of research \***

Minimal Risk

Exceeds minimal risk

**If you identified any potential risks, please explain:**

**Will all reasonable precautions be taken to protect the health and safety of participants? \***

Yes

No

**Will your methods induce participants to act against their wishes? \***

Yes

No

**Will participants be asked to disclose information that is intimate or sensitive? \***

Yes

No

**What resources will you make available to those who may experience adverse effects due to participation in your research project? \***

**Does this study involve any deception (e.g. withholding information from participants, video or audio taping without participant's knowledge)? \***

- Yes
- No

**Please describe the details and justify the use of deception:**

**If this study involves deception, outline the process used to debrief participants about why deception was used:**

# Section D: Informed Consent and Withdrawal

## Free and Informed Consent

Free and informed consent is an ongoing process that starts with the researcher's first contact with the individual and continues until the study's completion. Although written consent is most common, the REB understands that some disciplines and cultures do not use written consent.

It is the quality of the consent process, not the format, that is most important. Any verbal exchange about the study, the consent form, and all documentation given to participants should provide adequate and full information for the participant to make a free and informed decision about their participation.

**Which will you use to inform potential participants about the study's details and seek consent for participation? \***

Information letter with a written consent form

Verbal description of research with a written consent form

Verbal description of research and verbal consent

Submit

Please review [TCPS2, Article 3: Consent General Principles](#). Note the "Information Generally Required for Informed Consent" (Article 3.2).

**If you are not seeking written consent, please explain why. Please also explain how you are going to ensure participants understand that their participation is voluntary when obtaining verbal consent.**

**Are there participants who will not be able to give free and informed consent? \***

Yes

No

Don't know yet

**Please explain. Describe the method you'll use to seek the permission of the parent or legal guardian:**

**Describe your plans for ongoing consent - to ensure that consent is current and, if necessary, to convey new information to participants. \***

**Do you intend to recontact participants regarding future studies? \***

Yes

No

## Participant Withdrawal

Please describe how the participant will be informed of their right to withdraw from the study. Outline what will be done with the participant's data after withdrawal, and any consequences that withdrawal may have for the participant. \*

Will there be a certain point during data collection at which participants will no longer be able to withdraw from the study? \*

- Yes
- No

Please explain. Please also disclose these restrictions to participants in the informed consent.

## Section E: Data

### Privacy and Confidentiality

Will personally identifying information be collected from participants? \*

- Yes
- No

**Please explain what information will be collected and why.**

**Will personally identifiable information be collected using, or stored on, a server situated outside of Canada? \***

Yes

No

**Please explain. Please also disclose this information to participants in the Informed Consent, as the stored data will be subject to the laws of that country.**

### **Storage of Data**

**Please describe the procedures you will follow for the secure storage of your data, including written records, audio/visual recordings, digital copies, questionnaires, etc. \***

**Please describe where the data will be stored, and for how long data will be retained. \***

**At the end of your specified data retention period, how will identifiable data be destroyed? Please note that deletion of electronic data is not equivalent to destruction of data. \***

## **Section F: Feedback to Participants and Additional Information**

**It is the researcher's responsibility to offer to share the outcome(s) of the study with the participant and their community (if applicable). Please describe how you plan to offer information about the study results. \***

**In preparation for sharing your results with participants, will any additional steps be required (i.e. translation, format changes, etc.)? \***

Yes

No

Don't know yet

## Additional Information

**Is there any additional information about any part of this project that you wish to provide to the NAIT Research Ethics Board?**

## Certification

Signature on this application confirms the following responsibilities:

### Pre-research ethics approval requirements:

I will ensure that all procedures under the project will be conducted in accordance with the NAIT REB's approved protocol and consent process, the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans* (TCPS 2, 2018), and all relevant NAIT, provincial, national and international policies and regulations that govern research involving human participants.

Recruitment of participants will not begin until all appropriate institutes have provided their approval.

### Post-research ethics approval reporting requirements:

Adverse events: I will respond to such an event immediately and report it to the REB after no longer than one business day.

Modifications: Deviations from the initially approved protocol, which alter the risks to participants and are implemented without research ethics approval, constitute a violation of the TCPS 2. Any deviations from the project as originally approved will be submitted for approval prior to implementation.

Yearly renewal: Protocols are approved for one year, after which approval is suspended. If necessary, I will submit a *Renewal Request* 30 days prior to expiry to extend the research ethics approval.

Non-compliance: I understand that the REB is obligated to report any cases in which a research protocol does not hold a valid *Certificate of Ethical Acceptability*.

NAIT REB Approval Documents: I will retain a copy of the NAIT REB Ethics *Certificate for Research Involving Humans* for my records.

## Signature(s)

Name:

First Name

Last Name

Institution:

Role at Institution:

Department:

Email:

example@example.com

Phone Number:

Area Code

Phone Number