RESEARCH ETHICS BOARD

APPLICATION FOR RESEARCH ETHICS REVIEW

**CONFIDENTIAL**

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| --- | --- | --- | --- |
| **For Research Ethics Office use only:** | | | |
| Project #: | Received: | Reviewed: | Type of Review: |

**Instructions:**

Please complete this form electronically. **Do not leave questions blank**. If a question is not applicable to your proposal, **please enter N/A** in the response field. Combine all supporting materials into one document (e.g. questionnaires, consent forms, recruitment materials etc.). Send application and supporting materials document to [ethics@yukonu.ca](mailto:ethics@yukonu.ca)

*\*Please note that your application will be returned to you for completion if all of the requirements are not met.*

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| --- | --- | --- | --- | --- | --- | --- |
| **Applicant and Study Summary Information** | | | | | | |
| **1.1 Title of Study:** Click here to enter text. | | | | | | |
| **1.2 Principal Investigator (PI):** Click here to enter text.  *For student applicants your supervisor must be listed as the PI.* | | | | | | |
| **1.3 Principal Applicant (PA) (if different from PI):** Click here to enter text.  *Note: The PA would generally be a student or an administrator completing the ethics application for the PI.* | | | | | | |
| **1.4 Role of Principal Applicant in the research (if you are a student list details for your degree)** Click here to enter text. **Position at Yukon University (YukonU):** Choose an item. | | | | | | |
| **1.5 PI Information**  **Position at Yukon University (YukonU):** Choose an item.  **If YukonU Adjunct /Other or None, list your home institution and position:** Click here to enter text.  *For adjuncts attach a copy of your letter of adjunct appointment.**If you are a student and the research is being completed in partial fulfillment of the requirements of a degree, please include details of the study degree. List the faculty and department email and phone number for your supervisor (PI).* | | | | | | |
| **Faculty:** Click here to enter text. | | **Department:** Click here to enter text. | | | | |
| **Email:** Click here to enter text. | | **Telephone:** Click here to enter text. | | | | |
| **1.6 Has the PI completed the TCPS 2 Tutorial?**  **Yes  No**, expected completion date: Click here to enter a date.  *Attach a copy of the certificate of completion with your application or when completed. This must be completed before REB approval* | | | | | | |
| **1.7 PA Information**  **Email:** Click or tap here to enter text. **Telephone:** Click or tap here to enter text.  **Has the PA completed the TCPS 2 Tutorial?**  **Yes  No**, expected completion date: Click here to enter a date.  *Attach a copy of the certificate of completion with your application or when completed. This must be completed before REB approval* | | | | | | |
| **1.8 What are the qualifications/experience of the PI and the student investigator? What steps have been taken to prepare for this research? Describe relevant experience, courses, and any preliminary research and/or community engagement completed to prepare for this project and this type of research.**  Click here to enter text. | | | | | | |
| **1.9 Are there any other members in your research team?**  **Yes  No**  **If Yes, provide details below (click the 🞦 in the right corner of the table after each entry to add additional members). Each individual should be listed in a separate row.** | | | | | | |
| **Team Member Name and Affiliation/Organization** | **Email Address** | | **Qualifications, experience and role in this research** | | | **TCPS2 Tutorial completed?** |
| Click here to enter text. | Click here to enter text. | | Click here to enter text. | | | yes  No |
| Click here to enter text. | Click here to enter text. | | Click here to enter text. | | | yes  No |
| Click here to enter text. | Click here to enter text. | | Click here to enter text. | | | yes  No |
|  |  | |  | | |  |
| ***Please include a copy of certificates of TCPS 2 Tutorial completion or if you have not completed this please indicate when you will complete the tutorial. All researchers conducting research with human participants and/or their data must complete the CORE Tutorial and submit a copy of their certification of completion with the application. Data collection cannot begin until the TCPS 2 Tutorial has been done by all research team members. If these are not provided please provide an explanation and dates for completion.*** Click here to enter text. | | | | | | |
| **1.10 Proposed Dates**  **Start:**  Upon REB approval  Other: Click here to enter text. **End Date:** Click here to enter text. | | | | | | |
| **1.11 Where will the research be done?** Choose an item. **Specify site:**  Click here to enter text. | | | | | | |
| **1.12 Are there partnering institutions or organizations?  Yes  No**  **Provide details of research partners:** Click here to enter text. | | | | | | |
| **Name of Individual from Partner institution or organization (if known)** | **Email Address** | | **Qualifications, experience and role in this research** | | | |
| Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | | | |
| Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | | | |
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| **1.13 Where will the data be stored:** Yukon University  Elsewhere (provide details): Click here to enter text. | | | | | | |
| **1.14 Do you require ethics approval from other institutions?   Yes, documentation attached  Yes, documentation to follow  No**  **If this has been submitted to another REB please provide information for the institution, submission date and contact details for the other REB(s)**. Click here to enter text. | | | | | | |
| **1.15 Have you applied for a research licence to conduct research in the Yukon?**  **Yes  No, explain:** Click here to enter text.  *NOTE: Yukon residents do not require a research license. Details* [*http://www.tc.gov.yk.ca/scientists\_explorers.html*](http://www.tc.gov.yk.ca/scientists_explorers.html) | | | | | | |
| **1.16 What are your funding sources?**   Received from: Click here to enter text.  Pending, from: Click here to enter text.  Other Click here to enter text. | | | | | | |
| **1.17 Scholarly Merit: What type of scholarly review has this research undergone? (Check all that apply)**  **External Peer Review (e.g. granting agency). Please attach evidence of this approval**  **Supervisory Committee or Supervisor**  **None**  **Other, please explain:** Click here to enter text.  *Scholarly review is not required for minimal risk research. For faculty research, funding from a granting agency such as SSHRC or CIHR is considered evidence of such review. Please provide evidence of this review/approval.*  *If no, please submit a Scholarly Review Form, available on the website.* | | | | | | |
| **2. Research Project Description** | | | | | | |
| **2.1 Please provide a lay summary of your proposed research suitable for the general public. In this summary, include objectives, research questions, and/or hypotheses of the research project (max. 500 words).** | | | | | | |
| Click here to enter text. | | | | | | |
| **2.2 Please provide a scholarly context for the study, including a brief literature review with full references (max. 500 words).** | | | | | | |
| Click here to enter text. | | | | | | |
| **2.3 Summarize the methodology and procedures. Please ensure to include the details of any interviews, questionnaires, demographic information collected, and/or other methods of data collection. If using online-survey software to collect, store or analyze data, please include the name of the company and where the servers that host the survey are located (max. 1000 words).** | | | | | | |
| Click here to enter text. | | | | | | |
| **2.4 What kinds of data will be generated and where and how will they be obtained?** Click or tap here to enter text. | | | | | | |
| **2.5 What are your anticipated analysis procedures? Explain how these procedures will achieve the intended purpose of the study?** Click or tap here to enter text. | | | | | | |
| **2.6 Do you anticipate any changes to be made to your methodology and procedures?**  Yes  No  *NOTE: If changes are made ensure that a study modification form is provided to the REB.* | | | | | | |
| **3. Recruitment of Participants and Participation** | | | | | | |
| **3.1 How will potential research participants be identified and recruited? Will there be any specific inclusion or exclusion criteria for participants to be involved in the study?**  Click here to enter text. | | | | | | |
| **3.2 What is the proposed number of participants in the study? Why this number?** Click here to enter text. | | | | | | |
| **3.3 Do any supervisory or trust-based relationships exist between any of the investigators and the participants, at any point in time (e.g., professor-student, relative, friend, therapist-client, employer-employee)?**  **Yes  No**  **3.4 If yes, describe the relationships and the steps that will be taken to ensure that the participants’ decision to participate in the research will not be influenced by these relationships.** Click here to enter text. | | | | | | |
| **3.5 Do you or any members of the research team or their families have a volunteer or paid role with any organizations that are part of this study?**  **Yes  No**  **If yes, explain in detail:** Click here to enter text. | | | | | | |
| **3.6 Will participants receive compensation or remuneration for their participation?**  **Yes  No**  **If yes, provide details (type and value of compensation/remuneration and how distributed).** Click here to enter text. | | | | | | |
| **3.7 Will participants be compensated even after they have chosen to withdraw from the study?**  **Yes  No  NA**  **If for some reason participants will not be compensated after they have withdrawn from the study, please justify:**  Click here to enter text.  *Please note that since research participation is voluntary, participants are free to withdraw at any time. Participants who choose to withdraw should not suffer any disadvantage or reprisal, nor should any payment be withheld.* | | | | | | |
| **3.8 Which of the following recording devices will be used in this study?**  Audio  Video  Photography  Typed/written notes  None Other: Click here to enter text.  **Which activities will be recorded? Please provide justification.**  Click here to enter text. | | | | | | |
| **4. Yukon First Nations** | | | | | | |
| The Yukon University requires special consideration when research is conducted with the Yukon First Nations or their members. This section and the REB's advice is offered in the spiritof respect and is not intended to override or replace ethical guidance offered by self-governing nations themselves. Researchers are required to consult to their research methodology.  **4.1 Which Yukon First Nation(s) will your research involve?**   |  |  |  | | --- | --- | --- | | Carcross/Tagish First Nation | Liard First Nation | Teslin Tlingit Council | | Champagne and Aishihik First Nations | Little Salmon Carmacks | Tr'ondek Hwech'in | | First Nation of Na-Cho Nyak Dün | Ross River Dena Council | Vuntut Gwitchin | | Kluane First Nation | Selkirk First Nation | White River First Nation | | Kwanlin Dün First Nation | Ta'an Kwach'an Council |  |   There will be some Yukon First Nations members in the study but not one specific Yukon First Nation  My research will have indigenous participants but will not focus on one group specifically  My research will not seek to recruit indigenous participants specifically  My project will focus on a First Nation outside of the Yukon  **If you are not specifically recruiting indigenous participants, are you including them if they wish to participate? If no, please justify**.  Click here to enter text. | | | | | | |
| **4.2 Have you consulted with either the Council of Yukon First Nations or the governing body of the First Nation that you indicated above?  Yes  No**  **NA**  **If you answered “Yes” briefly list the people you have contacted and describe the process that you have followed. Include documentation of consultation and approval.**  Click here to enter text.  **If you answered “No” briefly justify your decision not to seek community approval.**  Click here to enter text. | | | | | | |
| **4.3 The TCPS-2 Ch. 9 encourages mentorship and opportunities for First Nations members to assist in the research project. Does your project include any First Nations members on your research team or as volunteers?**  **Yes  No**  **If yes, please describe their level of involvement in the research and what policies or safeguards are in place to protect confidential information**.  Click here to enter text. | | | | | | |
| **4.4 What benefit will the First Nation(s) gain from the research?**  Click here to enter text. | | | | | | |
| **4.5 Do you have a research agreement with the First Nation(s) that are participating in your research?**  **Yes  No**  **Additional details**: Click here to enter text.  *Yukon University highly recommends that you either have a formal agreement in place or some other form of documented consultation. A template for a research agreement can be found at the end of Module 9 in the TCPS 2 CORE Tutorial.* | | | | | | |
| **4.6 Will you be collecting information that may be classified as intellectual property?**  **Yes  No  Not sure: provide details:** Click here to enter text.  *Intellectual property may include traditional knowledge, oral histories, etc. Most First Nations adhere to the OCAP® principles concerning intellectual property. You should be familiar with these principles when working with First Nations.* [*https://fnigc.ca/ocapr.html*](https://fnigc.ca/ocapr.html)  **How will this information be treated and how will ownership be honoured?** Click here to enter text. | | | | | | |
| **4.7 Are you collecting biological samples?  Yes  No**  (NOTE*: Yukon University is not certified to house or collect human biological samples, please contact the research ethics coordinator if this is part of your project*) | | | | | | |
| **5. Risks and Benefits** | | | | | | |
| **5.1 What is the level of risk to participants in this project?**  Minimal  Above Minimal  *As defined by the TCPS 2: Ethical Conduct for Research Involving Humans ‘minimal risk’ is research in which the probability and magnitude of possible harms implied by participation in the research is no greater than those encountered by participants in those aspects of their everyday life that relate to the research.*  **Explain why the project should be assessed as minimal or above minimal risk.**  Click here to enter text. | | | | | | |
| **5.2 Indicate which of the following participants may experience (check as many boxes as may apply):**  Risk of physical harm (e.g. falling, muscle pain)  Physical discomfort (e.g. weakness, nausea, physical discomfort, pain)  Risk of psychological or emotional discomfort (e.g., anxiety, stress, embarrassment)  Legal repercussions (e.g. disclosing criminal activity)  Social repercussions (e.g. marginalization, being negatively judged by peers or employer, possible loss of status/reputation)  Economic inconveniences (e.g. expenses, loss of income by participating)  Other inconveniences (e.g., long travel to research site, time consumed, disruption of family routines)  Other risks  None  **Despite identifying a risk above, why should this application be considered minimal risk?**  Click here to enter text.  **If you checked any of the above boxes, please specify the measures taken to mitigate such risks, discomforts or inconveniences. Please include names and contact information of appropriate resources to which participants can be directed if needed.**  Click here to enter text. | | | | | | |
| **5.3 Are there any risks to you or the research team?**  **Yes  No**  **If yes, what steps will be taken to mitigate these risks?**  Click here to enter text. | | | | | | |
| **5.4 What are the possible benefits of this research to the research community, participants, indigenous communities or the general public/society?**  Click here to enter text. | | | | | | |
| **6. PRIVACY** | | | | | | |
| **6.1 Will any identifying information be collected? *(e.g. name, including signature, address, e-mail address, IP Address, social insurance number, personal health number, date of birth, place of residence (including Postal Code), or other unique personal characteristics)?***  **Yes  No**  **If yes, what identifiers? Please provide a justification.**  Click here to enter text.  **If you are collecting data using an online survey company, please explain whether or not collection of IP Addresses will be disabled.**  Click here to enter text.  NA  *NOTE: If you are using an online survey company for recruitment or data collection, that unless you indicate otherwise when constructing the survey, the company’s servers will record incoming IP Addresses. For more information about REB requirements when using online surveys, please contact the Research Ethics Coordinator.* | | | | | | |
| **6.2 Describe how the identity of the participants will be safeguarded. If using pseudonyms or codes to remove identifiers, please describe who will have access to codes or pseudonyms to link data to participant identities.**  Click here to enter text. | | | | | | |
| **6.3 Are there any conditions under which protection of the identity of participants cannot or will not be guaranteed**?**(e.g., participant chooses to be identified, members of a focus group)**  **Yes  No**  **If yes, please explain how this will be addressed and how participants will be informed of this.**  Click here to enter text. | | | | | | |
| **6.4 When presenting the results of the research, will participants be quoted?**  **Yes  No**  **If yes, describe how identifying information will be removed or altered, ensuring that quotes do no reveal participants’ identities or explain the reasons why identities cannot be removed or altered.**  Click here to enter text.  *In cases where quotes reveal participants’ identities, ensure that participants are informed in the consent form.*  **If yes, will participants be given the opportunity to review their transcripts?**  **Yes  No**  If yes, explain how participants will have access to their transcripts. If sending transcripts via email, please explain the security measures to be taken.  Click here to enter text.  *If no security measures are being taken, please inform research participants of the possible security risks in the consent form.* | | | | | | |
| **6.5 Does your research include making use of secondary data containing personal information that would fall under the provisions of the *Access to Information and Protection of Privacy* (ATIPP) Act?**  **Yes  No**  *If yes, please provide evidence of approval from the ATIPP Review Offce.* | | | | | | |
| 1. **6.6 Does your research involve access to the personal health records?**   **Yes  No**  *If yes, please contact the REB co-Chairs at* [*ethics@yukonu.ca*](mailto:ethics@yukonu.ca) *to discuss accessing personal health records* | | | | | | |
| **7. CONFIDENTIALITY OF DATA** | | | | | | |
| **7.1 Who will be conducting the data collection?**  Click here to enter text. | | | | | | |
| **7.2 Who will have access to the data?**  Principal Investigator  Thesis/Project Supervisor  Research team members  Community members  Research Assistant  Others (please specify): Click here to enter text.  *The REB advises that individuals with access to data who are not listed as team members on this application sign a confidentiality agreement. Sample confidentiality agreement can be found on our YukonU website or by contacting* [*ethics@yukonu.ca*](mailto:ethics@yukonu.ca)  **If you are using a confidentiality agreement in your research please indicate who will be required to sign this?** Click or tap here to enter text. | | | | | | |
| **7.3 If you are using an online survey company to recruit participants or collect data, please describe how access to data will be protected.** Click here to enter text.  NA | | | | | | |
| **7.4 Describe the physical location where all sources of data be stored during the study (e.g., written records, electronic data, audio/video recordings, questionnaires etc.). Please indicate the room number and any technical (e.g., encryption) safeguards that will be used.**  Click here to enter text. | | | | | | |
| **7.5 Upon completion of the study, how long will data be kept?** Click here to enter text. | | | | | | |
| **7.6 How will the data be maintained until this date in a secure way?** Click here to enter text. | | | | | | |
| **7.7 Describe how data will be deleted/destroyed after this period is over**  Click here to enter text. | | | | | | |
| **8. FREE AND INFORMED CONSENT** | | | | | | |
| **8.1 Describe the procedures for obtaining informed consent for each relevant part of the research project.**  Click here to enter text. | | | | | | |
| **8.2 Explain the procedures for participants to withdraw from the research study both during each phase of data collection and after the data has been collected.**  Click here to enter text. | | | | | | |
| **8.3 If written consent is not appropriate or cannot be obtained, describe why this is the case and how free and informed consent will be obtained and documented.**  Click here to enter text. | | | | | | |
| **8.4 Who will be obtaining consent from the participants?**  Click here to enter text. | | | | | | |
| **8.5 Will vulnerable populations be recruited?**  **Yes  No**  **If yes, describe the population and any special measures that will be taken to address their vulnerable status. How will appropriate consent be obtained?**  Click here to enter text.  *Vulnerable populations can include persons with disabilities, low socio-economic status or minorities.* | | | | | | |
| **8.6 Will any of the procedures in this study include withholding a full disclosure of information to participants or any element of deception?**  **Yes  No**  **If yes, provide a rationale for the partial disclosure or element of deception.** Click here to enter text. | | | | | | |
| *In order to obtain informed consent from participants, full disclosure of all information necessary for making an informed decision to participate in a research project is required. Please consult the Consent form Guidelines and the Consent Form Checklist, prior to creating the consent form. A consent form template is available for use.*  **8.7 Have you used the Yukon University consent form template?**  **Yes  No**  **Why not? What was used instead?** Click here to enter text. | | | | | | |
| **9. Supporting Documentation** | | | | | | |
| TCPS 2 Certificates | | | | | Yes  No | |
| Ethics approval(s) from other institution(s) | | | | | Yes  No  NA | |
| Research Agreement with Yukon First Nations, or other proof of consultation and community approval of the research | | | | | Yes  No  NA | |
| Supporting Letters | | | | | Yes  No  NA | |
| License/Permit for Conducting Research | | | | | Yes  No  NA | |
| Recruitment materials (e.g. advertisement, posters, online postings, invitations for participant recruitment etc.) | | | | | Yes  No  NA | |
| Consent /Assent form(s) | | | | | Yes  No  NA | |
| Confidentiality agreements | | | | | Yes  No  NA | |
| Research tool(s) (e.g., questionnaires, focus group guides, interview scripts, etc.) | | | | | Yes  No  NA | |
| Debriefing Material(s) and Form(s) | | | | | Yes  No  NA | |
| Project overview (for open house attendees etc.) | | | | | Yes  No  NA | |
| Other: Click here to enter text. | | | | | Yes  No  NA | |
| ***Please ensure that all supporting materials (e.g., questionnaires, consent forms, recruitment materials) are attached to this application as a SINGLE document (.doc or .pdf). This is not an exhaustive list, please attach other necessary documentation.*** | | | | | | |
| **ACCURACY OF INFORMATION** | | | | | | |
| By signing, I certify that I have read and understand policy [AR-03](https://www.yukoncollege.yk.ca/sites/default/files/inline-files/AR-03_Research_Ethics_Policy_-_October_2014_1.pdf) developed by Yukon University for ensuring ethical conduct in research and that I intend to comply fully with the letter and spirit of this policy and any other procedures and guidelines that apply. All information included in this application is, to the best of my knowledge, true; and no information has been knowingly omitted. I further acknowledge my responsibility to report any significant changes in the project and to obtain written approval for those changes from the Research Ethics Board, prior to implementing those changes; and to report any unanticipated issue or event that may increase the level of risk to participants, or has other ethical implications that might affect participants’ welfare. | | | | | | |
|  | | | | Click or tap to enter a date. | | | |