Research Ethics Board (REB) Application

Please complete and submit with any attachments to [reb@nscc.ca](mailto:reb@nscc.ca)

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| **SECTION A: GENERAL INFORMATION** |

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| * 1. **PRINCIPAL INVESTIGATOR (PI)** |

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| Name: |  |
| Position: |  |
| Is the PI a student? | Yes  No  *\*If yes, the student’s supervisor* ***must*** *be included as a co-investigator* |
| Institution/Agency: |  |
| Department: |  |
| Mailing Address: |  |
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| Phone: |  |
| Email: |  |

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| * 1. **CO-INVESTIGATOR(S)** |

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| Name: |  |
| Position: |  |
| Institution/Agency: |  |
| Phone: |  |
| Email: |  |

Please list the names of any other persons involved in conducting the research (insert additional lines if required):

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| Name: |  |
| Institution/Agency: |  |
| Email: |  |

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| * 1. **PROJECT INFORMATION** |

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| Research Project Title: |  |
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| Where will the research be taking place? |  |
| Start date of data collection: |  |
| End date of data collection: |  |
| Expected date of project completion: |  |
| *\*If the expected date of project completion is more than 1 year following REB approval of this project, a project extension request will be required* | |

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| * 1. **PROJECT FUNDING/SPONSORSHIP** |

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| Is this project currently funded or sponsored? | Yes  No |

If yes, please provide the following funding/sponsorship information:

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| Name of funding/sponsoring agency: |  |
| Contact person: |  |
| Address: |  |
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| Phone: |  |
| Email: |  |
| Grant/award number: |  |
| Funding period (start & end date): |  |
| Briefly describe the nature of the sponsorship (e.g., research grant; contribution of staff, equipment, or resources): | |
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| * 1. **OTHER REB APPROVALS** |

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| 1.5.1. Does this research project require administrative or REB approval from other organizations, institutions, communities, or entities (e.g., Mi’kmaw Ethics Watch, school board)? |
| Yes  No |

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| 1.5.2. Does this research project require access to institutional data, including data from NSCC faculty, students, or staff?  Yes  No |
| *\*If yes, a letter indicating Institutional Research’s capacity to support this project* ***must*** *be submitted with this application* |

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| **SECTION B: PROJECT DESCRIPTION** |

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| 1. **PROJECT RATIONALE & PROCEDURE** |

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| 2.1. Please describe the background and purpose of the proposed research project in layperson’s language, including any research questions/hypotheses to be investigated and what new knowledge is anticipated: |
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| 2.2. Please describe the research design and methods of the proposed project, including:   1. The research procedure (how the research will be conducted; any treatments, interventions, or manipulations) 2. A step-by step description of what participants will be asked to do (including their anticipated time commitment, whether participants will be asked to participate in a follow-up study) 3. All corresponding data collection procedures and tools   *\*All research materials (e.g., interview guides, questionnaires, etc.)* ***must*** *be submitted with this application* |
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| 2.3. Please provide a brief description of the principal investigator’s/co-investigator’s experience with this type of research and research methods? How will necessary research skills be obtained for research collaborators who are new to this type of research? |
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| 2.4. Does this research involve deception?  Yes  No  If yes, please describe and justify the need for deception. |
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| 1. **PARTICIPANTS** |

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| 3.1. Please describe the participants that will be recruited for this study, including:   1. How many participants will be needed for this project 2. Participant inclusion/exclusion criteria (e.g., demographics) |
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| 3.2. Does your research involve the participation of unique populations (e.g., Indigenous peoples, LGBTQ+)?  Yes  No  If yes, please describe your engagement plan with that community: |
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| 3.3. Please describe in detail how participants will be recruited:  *\*All recruitment materials (e.g., posters, advertisements, social media postings)* ***must*** *be submitted with this application)* |
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| 3.4. Will participants be compensated in any way for their participation in this project?  Yes  No  If yes, please provide details and provide a rationale for this compensation: |
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| 1. **INFORMED CONSENT** |

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| 4.1. Please describe the informed consent process:  *\*All consent/assent materials* ***must*** *be submitted with this application* |
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| 4.2. Will you be seeking written consent from participants?  Yes  No  If no, please provide a justification and details of how you will obtain consent: |
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| 4.3. Does this project involve individuals not competent to consent?  Yes  No  If yes, please describe the following:   1. The procedures that will ensure that these participants will be able to understand the research being conducted and their voluntary participation in it (e.g., verbal assent) 2. The proposed alternate source of consent from participants’ parents, guardians, or proxies   *\*Permission/information letters provided to the person(s) providing the alternate consent* ***must*** *be submitted with this application* |
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| 4.4. Please describe how participants will be able to withdraw from the research, including:   1. How they will be advised of their right to withdraw from research 2. How such a withdrawal will affect the way in which compensation is handled 3. At what point participants will no longer be able to withdraw their consent or data   *\*Information about participants’ right to withdrawal* ***must*** *be detailed in the letters of information and/or consent* |
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| 1. **DATA COLLECTION, ANALYSIS, & SECURITY** |

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| 5.1. Please select what type of personal information will be collected from participants: | |
|  | (a) Directly identifiable (e.g., full name, medical record number) |
|  | (b) Indirectly identifiable (e.g., address, date of birth) |
|  | (c) Coded (i.e., direct identifiers are replaced with a code, which can be used to re-identify participants) |
|  | (d) Anonymized (i.e., all identifiable information is removed, no code is kept) |
|  | (e) Anonymous (i.e., no identifiers are collected) |
| If you selected (c) or (d), please describe the process through which participants’ information will be coded or anonymized: | |
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| 5.2. Will information about the participants be collected from sources other than the participants themselves?  Yes  No  If yes, please provide details: |
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| 5.3. Please describe how you will ensure the anonymity and confidentiality of participants and their data during the research and during the dissemination of findings. Or, if participant anonymity or confidentiality is not appropriate for this research project, please explain: |
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| 5.4. Please describe any limits on protecting participants’ confidentiality (e.g., duty to report abuse or neglect) and how such situations will be handled, if they occur:  *\*Details about these limitations* ***must*** *be outlined in the letters of information and/or consent* |
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| 5.5. Does this project involve any online data collection (e.g., online survey, chat rooms)?  Yes  No  If yes, please describe your confidentiality plan for that data: |
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| 5.6. Will any of the research data be collected, stored, or taken outside of Canada (e.g., collected using a server that stores information outside of Canada)?  Yes  No  If yes, please describe your confidentiality plan for that data, including how information related to the privacy, transfer, and storage of this data will be conveyed to participants: |
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| 5.7. Please explain how research data (e.g., written records, video/audio recordings, contact information, research codes, statistical data files) will be stored, including:   1. How data will be collected and recorded (e.g., handwritten notes, audio files) 2. Who will have access to this information 3. Whether data will be transferred/transmitted from its original location (and how information will be protected throughout that process) 4. How they will be secured 5. How long they will be retained 6. How they will be destroyed |
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| 5.8. Please briefly describe the data analysis plans: |
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| 5.9. Will the data collected in this project potentially be used for secondary purposes in the future (e.g., teaching, future analysis)?  Yes  No  If yes, please provide details:  *\*Participants* ***must*** *be informed of this possibility in the letters of information and/or consent* |
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| 1. **RISKS & BENEFITS** |

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| The TCPS2 (Chapter 2) defines “minimal risk” research as “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”. |

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| 6.1. Please identify the potential risks might apply to participants and address any specific ethical vulnerabilities of your study population. Please identify (1) the **probability** that participants would encounter these risks by participating in this project and (b) the **magnitude** of the risk should it occur. | | | | |
| 1. Physical risks (e.g., any bodily contact, fatigue, injury, death) | | | | |
| Probability: | No risk | | Minimal risk | Greater than minimal risk |
| Magnitude: | No harm | | Minimal harm | Greater than minimal harm |
| 1. Psychological risks (e.g., feeling uncomfortable, embarrassed, anxious, upset) | | | | |
| Probability: | No risk | | Minimal risk | Greater than minimal risk |
| Magnitude: | No harm | | Minimal harm | Greater than minimal harm |
| (c) Social risks (e.g., possible loss of status or reputation) | | | | |
| Probability: | No risk | | Minimal risk | Greater than minimal risk |
| Magnitude: | No harm | | Minimal harm | Greater than minimal harm |
| (d) Economic risks (e.g., incurred expenses, loss of income) | | | | |
| Probability: | No risk | | Minimal risk | Greater than minimal risk |
| Magnitude: | No harm | | Minimal harm | Greater than minimal harm |
| (f) Legal risks (e.g., being identified as a legally-compromised group, apprehension or arrest) | | | | |
| Probability: | No risk | | Minimal risk | Greater than minimal risk |
| Magnitude: | No harm | | Minimal harm | Greater than minimal harm |
| (g) Cultural risks (e.g., negative impact on heritage or customs) | | | | |
| Probability: | No risk | | Minimal risk | Greater than minimal risk |
| Magnitude: | No harm | | Minimal harm | Greater than minimal harm |
| (h) Academic risks (e.g., loss of grades, risk to course standing) | | | | |
| Probability: | No risk | | Minimal risk | Greater than minimal risk |
| Magnitude: | No harm | | Minimal harm | Greater than minimal harm |
| (g) Dual/multiple roles with study participants (e.g., employer, teacher, supervisor)? | | | | |
| Probability: | No risk | | Minimal risk | Greater than minimal risk |
| Magnitude: | No harm | | Minimal harm | Greater than minimal harm |
| (h) Other (please specify): | |  | | |
| Probability: | No risk | | Minimal risk | Greater than minimal risk |
| Magnitude: | No harm | | Minimal harm | Greater than minimal harm |
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| Please explain any risks for which you have selected “greater than minimal risk” or “greater than minimal harm”: | | | | |
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| 6.2. Please describe how you will mitigate the probability of potential risks to participants and address harms that participants may experience: |
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| 6.3. Does the project involve any risks for the principal investigator or co-investigators (e.g., psychological, physical)?  Yes  No  If yes, please explain these risks and how they will be mitigated and addressed if they occur: |
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| 6.4. Does the project involve any real, perceived, or potential conflicts of interest in any aspect of the proposed research? NSCC’s Conflict of Interest and Commitment Policy: <https://www.nscc.ca/about/publications/policies-procedures/policies/conflict-of-interest-and-commitment-policy.asp>  Yes  No  If yes, please explain how participants will be informed of these conflicts: |
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| 6.5. Please describe any restrictions that have been placed on the investigator by the sponsor, funding agency, or any other entity: |
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| 6.6. Please describe the potential benefits of this projects, including potential benefits for participants (other than compensation for their participation), the sponsoring agency/organization, the scientific community, and/or society-at-large: |
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| 6.7. How much risk does this study involve overall (please refer to TCPS2 definition on p. 6)?  Minimal risk  Greater than minimal risk |

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| 1. **DISSEMINATION OF RESULTS** |

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| 7.1. For projects that do not involve deception: Please describe any information that will be given to participants immediately following the completion of the study (e.g., resource list, debriefing form) as well as the process and rationale for providing this information: |
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| 7.2. For projects that involve deception: Please describe the debriefing process and what information/feedback will be given to participants to address and resolve the use of deception: |
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| 7.3. Please describe how (and by when) the results of this research will be made available to participants: |
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| 7.4. Please describe the anticipated dissemination of the project’s results (e.g., conference presentations, workshops, reports, thesis documents, scholarly publications, creative works, documentary films):  *\*Participants* ***must*** *be informed about any possible dissemination of project results in the project’s letters of information and/or consent* |
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| 1. **OTHER INFORMATION** |

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| 8.1. Please share any other relevant project information that you wish to provide to the Research Ethics Board: |
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| **SECTION C: SUBMISSION CHECKLIST** |

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| **Included** |  | **Not applicable** |
| mandatory | TCPS2 certificates for the principal investigator and all co-investigators | mandatory |
|  | REB approval certificate/letters of support from other REBs or entities |  |
|  | All research tools & instruments (e.g., interview guide, surveys) |  |
|  | All recruitment materials |  |
|  | Letter of consent for participants |  |
|  | Parental/guardian information and consent form |  |
|  | Consent for audio/video recording |  |
|  | Debriefing scripts/letters |  |
| ***Other documents included:*** | | |
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| **SECTION D: PRINCIPAL INVESTIGATOR ASSURANCE** |

As Principal Investigator, I have the ultimate responsibility for the conduct of the study described in this application, including my responsibilities as a supervisor to any students and staff involved in this project. I have read and am responsible for the content of this application. The information provided herein is complete and accurate. I understand that, as Principal Investigator, I will be the primary link with the Nova Scotia Community College (NSCC) Research Ethics Board (REB), other researchers involved with this project, and the research participants. I agree to conduct the research in accordance with the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans, NSCC’s Research Ethics Board Policy, NSCC’s Research Integrity Policy and other applicable NSCC policies located at <https://www.nscc.ca/about_nscc/applied_research/ethics.asp>, as well as the conditions of approval indicated by the NSCC Research Ethics Board.

I also understand that if I make any changes whatsoever to the sample documents provided with this application (including, but not limited to, the recruitment scripts, information and consent letters, survey questions, interview or focus group questions), I need to submit these changes to the REB for review. I further understand that these changes, if determined to be substantive by the REB, may require a new application if they constitute new research. If any changes are made in the above arrangements or procedures, or if adverse events are observed, I will bring these to the immediate attention of the Research Ethics Administrator at [reb@nscc.ca](mailto:reb@nscc.ca). I further understand that I may not start any research at NSCC without receiving a Letter of REB Approval. I further understand that REB approval does not constitute institutional approval of this research.

I understand that if I fail to advise the REB of any changes or adverse events, or fail to comply with research protocols outlined in this application, or make any unauthorized changes to any document submitted with this application, the Letter of REB Approval may be rescinded by the REB.

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| Name of principal investigator: |  |
| Signature of principal investigator: |  |
| Date: |  |

**If this research is being conducted under the direction of an academic supervisor, please complete the following section:**

This applicant is a student working under my supervision and I acknowledge that I have reviewed this application.

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| Name of supervisor: |  |
| Signature of supervisor: |  |
| Date: |  |