|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | [**Research Ethics Board**](http://www.unbc.ca/research/research-ethics-safety-human-subjects) |  | Protocol #: |  |
| [**(REB)**](http://www.unbc.ca/research/research-ethics-safety-human-subjects) |
| [**Office of Research**](http://www.unbc.ca/research) | Date Received: |  |
| Room ADM 20183333 University Way | S#: |  |
| Prince George BC V2N 4Z9 |
| (250) 960-6735Email: reb@unbc.ca  | **For Office Use Only** |



|  |
| --- |
| **Research Ethics Protocol For Research With Human Participants** |
| **New Applications** |

Please refer to the [UNBC Policy on Research Involving Human Participants](http://www.unbc.ca/assets/policy/research/research_involving_human_participants.pdf) prior to completion and submission of this application. Reviews are conducted according to the principles and spirit of the [*Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans 2014 (TCPS2)*](http://www.pre.ethics.gc.ca/eng/policy-politique/initiatives/tcps2-eptc2/Default/). If you have questions about or require assistance with the completion of this form, please contact the Office of Research at (250) 960-6735 or reb@unbc.ca.

**Section A – Type of Application**

|  |
| --- |
|[ ]  **This Application is Minimal Risk (Please review the** [**Research Risk Assessment Guidelines**](http://www.unbc.ca/sites/default/files/sections/research/researchriskassessmentguidelines_0.pdf) **and complete the** [**Risk Matrix**](#Risk_Matrix) **on Page 2 of this Application)** |
|  | Please complete sections [A](#Section_A), [B](#Section_B), [C](#Section_C), and [D](#Section_D) and the [Supporting Document Checklist](#Supporting_Document_Checklist). **Incomplete applications will not be processed.** Please submit the completed and signed application electronically to reb@unbc.ca. Please allow 2 weeks from submission for a response from the REB. |
|  |  |
|[ ]  **This Application is Above Minimal Risk** |
|  | Please complete sections [A](#Section_A), [B](#Section_B), [C](#Section_C), and [D](#Section_D) and the [Supporting Document Checklist](#Supporting_Document_Checklist). **Incomplete applications will not be processed.**For submissions made September to June, please submit **8 copies** of all documents to the Office of Research, Room 2018 (2nd floor, Administration Building). Applications above Minimal Risk will not be reviewed during the months of July or August. Please allow 2 weeks from the submission deadline for a response from the REB. |
|  |  |
|[ ]  **This Application is a Joint Research Project Involving the Northern Health Authority and is Minimal Risk (Please review the** [**Research Risk Assessment Guidelines**](http://www.unbc.ca/sites/default/files/sections/research/researchriskassessmentguidelines_0.pdf) **and complete the** [**Risk Matrix**](#Risk_Matrix) **on Page 2 of this Application)** |
|  | Please complete sections [A](#Section_A), [B](#Section_B), [C](#Section_C), and [D](#Section_D) and the [Supporting Document Checklist](#Supporting_Document_Checklist). **Incomplete applications will not be processed.** Please submit your completed and signed application electronically to reb@unbc.ca. Please allow 2 weeks from submission for a response from the REB.Submit **1 copy** of both documents and attachments to the [Northern Health Research Review Committee](https://northernhealth.ca/YourHealth/Research/NHResearchReviewCommittee.aspx) (ResearchCommittee@northernhealth.ca). *Please note that submission deadlines for the Northern Health Research Review Committee are different than UNBC’s deadlines and can be found by clicking* [*here*](https://northernhealth.ca/YourHealth/Research/NHResearchReviewCommittee.aspx)*.* |
|[ ]  **This Application is a Joint Research Project Involving the Northern Health Authority and is Above Minimal Risk** |
|  | Please complete sections [A](#Section_A), [B](#Section_B), [C](#Section_C), and [D](#Section_D) and the [Supporting Document Checklist](#Supporting_Document_Checklist). **Incomplete applications will not be processed.**For submissions made September to June, please submit **8 copies** of all documents to the Office of Research, Room 2018 (2nd floor, Administration Building). Applications above Minimal Risk will not be reviewed during the months of July or August. Please allow 2 weeks from the submission deadline for a response from the REB.Submit **1 copy** of both documents and attachments to the [Northern Health Research Review Committee](https://northernhealth.ca/YourHealth/Research/NHResearchReviewCommittee.aspx) (ResearchCommittee@northernhealth.ca). *Please note that submission deadlines for the Northern Health Research Review Committee are different than UNBC’s deadlines and can be found by clicking* [*here*](https://northernhealth.ca/YourHealth/Research/NHResearchReviewCommittee.aspx)*.* |

**Does Your Project Meet the Standard of Minimal Risk Research?**

The following matrix will help you judge whether or not your project meets the TCPS2 definition of minimal risk. Please locate your research protocol in the matrix by ranking both the vulnerability of your research participants and the risks involved in participating in your project on a scale of Low, Medium, High (see [Research Risk Assessment Guidelines](http://www.unbc.ca/sites/default/files/sections/research/researchriskassessmentguidelines_0.pdf)).

|  |  |  |  |
| --- | --- | --- | --- |
| **Risk Matrix** |  |  |  |
|  | **A) Research risk** |  |  |
| **B) Participant Vulnerability** |[ ]  **Low** |[ ]  **Medium** |[ ]  **High** |
|  |
| [ ]  | **Low** | *Delegated* | *Delegated* | Full board |
|[ ]  **Medium** | *Delegated* | Full board | Full board |
|[ ]  **High** | Full board | Full board | Full board |

**Justification for Risk Assessment (optional)**

The box below offers you the opportunity to elaborate on the level of risk you have assigned the study. This box provides an important way of justifying your risk assessment, especially if you feel that your study might be considered sensitive and risky to an outsider, but you have evidence to suggest that it is not. If you choose not to avail yourself of this option, please simply write N/A.

|  |
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* If your study includes a low or medium level of research risk and a low vulnerability population, it is eligible for delegated review.
* If your study includes a low or medium vulnerability population and a low level of research risk, it is eligible for minimal risk review.
* If your study falls anywhere else on the matrix it must be submitted for full board review.

**Section B – Applicant Information** (Please complete all sections that apply)

|  |
| --- |
| i. |
| **Principal Investigator**:* For students, please include the name of your Supervisor below
 |  |
| **Program/Department/School**:* Identify institution if not at UNBC
 |  |
| Phone Number: |  | Email: |  |  |
| **Supervisor’s Name**: |  |
| Please append additional pages with co-investigators’ names, if necessaryii. |
| **Co-Investigator(s)**: |  |[ ]  separate page(s) attached |
| **Program/Department/School**:* Identify institution if not at UNBC
 |  |
| Phone Number: |  | Email: |  |  |

**Section C – Research Project Details**

1. **Project Dates:**

|  |  |
| --- | --- |
| Expected Project Start Date:\***\* This date should be *after* REB Approval is received** | Click here to enter a date. |
| mmm-dd-yyyy |
| Expected Project Completion Date:\*\*\*\* REB Approval is for 12 months at a time. Renewals will have to be  sought if the project duration will be longer than 12 months. | Click here to enter a date. |
| mmm-dd-yyyy |

1. **Title of Project**

|  |
| --- |
|  |

1. **Type of Project**

|  |
| --- |
| Undergraduate |
|[ ]  Research (including Honours Thesis) |[ ]  Classroom Project (Undergraduate student) |
| Graduate |
|[ ]  Research (including Thesis/Dissertations/Projects) |[ ]  Classroom Project (Graduate student) |
| Post Doctoral |
|[ ]  Research |
| Faculty |
|[ ]  Research |[ ]  Classroom Project (Faculty) |
| Other |
| Please explain: | Click here to enter text. |

1. **Source of Funding**

Please refer to [TCPS2, Article 7.4](http://www.pre.ethics.gc.ca/eng/policy-politique/initiatives/tcps2-eptc2/chapter7-chapitre7/#toc07-1d), for more information on Financial Conflicts of Interest**.**

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1. **For projects that have funding, have you submitted a Grant and Contract form to the Office of Research?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|[ ]  **Yes** | Date submitted: | Click here to enter a date. | or S# (if known): |  |
|[ ]  **No** |
|[ ]  **n/a** |  |  |

1. **Purpose of Research: Describe the purpose of the proposed project. State the hypotheses/research questions to be examined. The rationale for doing the study must be clear.**

(Max. 300 words)

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|  |

1. **Summary of Methods**: **Please describe all formal and informal procedures to be used. Describe the information to be collected, where and how it will be obtained and how it will be analyzed. Please include a description of your own role in the research and that of any of your team members.**

(Max. 500 words)

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|  |

1. **How will participants be recruited? Please specify *both* how potential participants will be identified *and* (if applicable) the means by which they will be contacted. Please also append a copy of any recruitment materials (e.g. posters, letters, and media advertisements, etc.).** (Max. 300 words).

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1. **Please append a complete copy of the research project proposal, including any interview protocols, questionnaires, or other research instruments (e.g. focus group scripts, participant screening tests, etc.) to be used in the study.**

Attachments:

|  |  |
| --- | --- |
| [ ]  | Research Project Proposal |
| [ ]  | Data Collection Forms/Protocols (please list):(As per [TCPS2, Article 10.5](http://www.pre.ethics.gc.ca/eng/policy-politique/initiatives/tcps2-eptc2/chapter10-chapitre10/#toc10-1b), in studies using emergent design in data collection, final versions of questionnaires or interview schedules **must** be submitted to the REB as soon as they become available) |
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|[ ]  Other (please specify): |
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1. **Where is the recruitment and data collection taking place?** *(*Please tick all that apply and**attach all necessary consents** pertaining to each of these research locations.) Please refer to [TCPS2, Chapter 8](http://www.pre.ethics.gc.ca/eng/policy-politique/initiatives/tcps2-eptc2/chapter8-chapitre8/f) for more information on Multi-Jurisdictional Research.

|  |
| --- |
|[ ]  University of Northern British Columbia |
|[ ]  Other university, college or institution of higher education (please specify) |
|  |  |
|  |
|[ ]  Primary or secondary school (please specify) |
|  |  |
|  |
|[ ]  Hospital, clinic or other medical facility (please specify) |
|  |  |
|  |
|[ ]  Government office (please specify) |
|  |  |
|  |
|[ ]  International (please specify) |
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|  |
|[ ]  Prisons (please specify) |
|  |  |
|  |
|[ ]  Aboriginal (First Nations, Inuit or Métis) community or territory (please specify below). Please refer to [TCPS2, Chapter 9](http://www.pre.ethics.gc.ca/eng/policy-politique/initiatives/tcps2-eptc2/chapter9-chapitre9/) for more information on Research Involving the First Nations, Inuit and Métis Peoples of Canada. |
|  |  |
|  |
|[ ]  Yukon or Northwest Territories (please specify) |
|  |  |
|  |
|[ ]  Other (please specify) |
|  |  |

1. **Conflict of Interest:** **Do any of the researchers conducting this study occupy multiple roles with respect to potential participants (e.g. acting as both a researcher and a therapist, health care provider, caregiver, teacher, advisor, consultant, supervisor, manager, student, employer, etc.) that may create a real, potential, or perceived conflict of interest that could affect the integrity of the research?** Please refer to [TCPS2, Article 7.4](http://www.pre.ethics.gc.ca/eng/policy-politique/initiatives/tcps2-eptc2/chapter7-chapitre7/#toc07-1d) for more information on Researchers & Conflicts of Interest.

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|[ ]  **Yes** Please provide details in the space below (Max. 150 words). |
|[ ]  **No**  |

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1. **Describe how any conflicts of interest identified above will be avoided, minimized or managed.** (Max. 150 words)

[ ] Not applicable

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1. **Will the researcher(s), members of the research team, and/or their partners or immediate family members 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.) in connection with this study?**

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| --- | --- |
|[ ]  **Yes** | Please describe the benefits below. (Do not include conference and travel expense coverage, possible academic promotion, or other benefits which are part of the conduct of research generally). (Max. 150 words) |
|[ ]  **No**  |   |

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1. **If applicable, describe any restrictions regarding access to or disclosure of information (during or at the end of the study) that the financial sponsor of this project has placed on the investigator(s).** (Max. 150 words)

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1. **Possible Risks:**
	1. **Please indicate all potential risks to participants as individuals or as members of a community that may arise from this research:**

|  |  |  |
| --- | --- | --- |
| * + 1. **Physical risks (e.g. any bodily contact or administration of any substance):**
 |[ ]  **Yes** |[ ]  **No** |
| * + 1. **Psychological/emotional risks (e.g. feeling uncomfortable, embarrassed,**

**or upset):** |[ ]  **Yes** |[ ]  **No** |
| * + 1. **Social risks (e.g. loss of status, privacy and/or reputation):**
 |[ ]  **Yes** |[ ]  **No** |
| * + 1. **Legal risks (e.g. researcher’s obligation to report certain unlawful activities):**
 |[ ]  **Yes** |[ ]  **No** |

* 1. **Please briefly describe each of the risks noted above and outline the steps that will be taken to manage and/or minimize them.** (Max. 300 words)

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1. **Possible Benefits:**
* **Describe any potential direct benefits to participants from their involvement in the project**
* **Describe any potential benefits to the community (e.g. capacity building)**
* **Comment on the potential benefits to the scientific/scholarly community or society that would justify involvement of participants in this study**

(Max. 300 words)

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1. **Will participants be competent to give consent?** Please refer to [TCPS2, Chapter 3, Section C](http://www.pre.ethics.gc.ca/eng/policy-politique/initiatives/tcps2-eptc2/chapter3-chapitre3/#toc03-1c) for more information on the Consent Process and [TCPS2, Chapter 4, Section B](http://www.pre.ethics.gc.ca/eng/policy-politique/initiatives/tcps2-eptc2/chapter4-chapitre4/#toc04-1b) for more information on Research Involving Children, the Elderly and Participants Who Lack the Capacity to Consent for Themselves.

|  |
| --- |
|[ ]  **Yes**  |
|[ ]  **No** (e.g. Children and cognitively impaired people.) How will the issue of consent be  addressed? In the text box below give us a brief summary. (Max. 150 words) |

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1. **Will consent be obtained from each participant either in writing or recorded?** Please see [TCPS2, Article 3.12](http://www.pre.ethics.gc.ca/eng/policy-politique/initiatives/tcps2-eptc2/chapter3-chapitre3/#toc03-1d), [Chapter 5, Section D](http://www.pre.ethics.gc.ca/eng/policy-politique/initiatives/tcps2-eptc2/chapter5-chapitre5/#toc05-1d) and [Article 10.2](http://www.pre.ethics.gc.ca/eng/policy-politique/initiatives/tcps2-eptc2/chapter10-chapitre10/#toc10-1b) for information.

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| [ ]  | **Yes** | Please attach a copy of the Consent Form and (if applicable) the Information Letter to be distributed to participants. Each participant must receive one copy of the signed consent form. Note: *A Consent Form and/or Information Letter Checklist* are available at <http://www.unbc.ca/sites/default/files/sections/research/checklist.pdf>, as well as a [*Sample Information Letter/Consent Form*](http://www.unbc.ca/research/forms). If Consent is to be obtained verbally, please explain the process for administering and recording that consent. |
|[ ]  **No** | Please provide justification below for why consent will not be obtained (Max. 150 words). |

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1. **Will participants be compensated?** Please refer to [TCPS2, Article 3.1](http://www.pre.ethics.gc.ca/eng/policy-politique/initiatives/tcps2-eptc2/chapter3-chapitre3/#toc03-1a) for information on Incentives.

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|[ ]  **Yes** How? In the text box below provide us with a brief summary. (If providing an honorarium, please indicate the approximate amount.) (Max. 150 words) |
|[ ]  **No**  |

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1. **Does the project involve any deception?** Please see [TCPS2, Chapter 3, Section B](http://www.pre.ethics.gc.ca/eng/policy-politique/initiatives/tcps2-eptc2/chapter3-chapitre3/#toc03-1b) for information on Departures from General Principles of Consent.

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|[ ]  **Yes** Justify the use of deception and indicate how disclosure and/or debriefing will be addressed. (Max. 150 words) |
|[ ]  **No**  |

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1. **How do you propose to distribute results to participants?** (Max. 150 words) (e.g. Will you be providing the opportunity to have your thesis and/or summary report mailed or emailed to participants, or informing participants that your thesis will be available in the library?) Please see [TCPS2, Article 4.7](http://www.pre.ethics.gc.ca/eng/policy-politique/initiatives/tcps2-eptc2/chapter4-chapitre4/#toc04-1b) (section on Equitable Distribution of Research Benefits) for more information.

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1. **Will Research Assistants and/or Transcribers be hired for this project?** Please see [TCPS2, Chapter 5](http://www.pre.ethics.gc.ca/eng/policy-politique/initiatives/tcps2-eptc2/chapter5-chapitre5/) for information on Privacy and Confidentiality

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| --- |
|[ ]  **Yes** Please attach a [Confidentiality & Non-Disclosure Agreement](http://www.unbc.ca/research/forms) |
|[ ]  **No** |

1. **Will any research contract(s) be signed in connection with this project?**

|  |  |
| --- | --- |
|[ ]  **Yes** | Please attach a copy of the research contract (in addition to the Grant and Contract form). **Note**: It is the researcher’s responsibility to ensure that there are no conflicts between the research contract and the information provided to research participants in the project information/consent forms. |
|[ ]  **No** |  |

**Section D – Signatures**

**All researchers participating in the project must sign below in order for this application to be processed and reviewed.**

As the Principal Investigator on this project, my signature confirms that I will comply with the Tri-Council Policy Statement and all University of Northern British Columbia policies and procedures governing the protection of human participants in research, including but not limited to, ensuring that:

* the project is performed by qualified and appropriately trained personnel in accordance with REB protocol;
* no changes to the REB cleared protocol or consent form/statement are implemented without notification to the REB of the proposed changes and receipt of the subsequent REB clearance;
* significant adverse effects to research participants are promptly reported to the REB; and
* a renewal application is submitted to the REB for continuation of the study beyond the initial 12 month approval period.

As a **Student Researcher**, in addition to the above, my signature **also** confirms that I am a registered student in good standing. My project proposal has been reviewed and cleared by my advisory committee (where applicable), and **my REB application has been reviewed and approved by my supervisor**. If my status as a student changes, I will inform the REB. ***For all students, the signature of a Faculty Supervisor is also required.***

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of Principal Investigator: |  | Date: |   |
|  |
| Signature of Co-Investigator(s): |  | Date: |   |
|  |

As a **Faculty Supervisor**, I certify that the information provided in this application is complete and correct, and I certify the scientific merit of the research project.

I understand that as principal **Faculty Supervisor**, I have ultimate responsibility for the conduct of the study, the ethical performance of the project and the protection of the rights and welfare of human participants. I agree to comply with the Tri-Council Policy Statement and all University of Northern British Columbia policies and procedures governing the protection of human participants in research, including, but not limited to, ensuring that:

* the project is performed by qualified and appropriately trained personnel in accordance with REB protocol;
* no changes to the REB cleared protocol or consent form/statement are implemented without notification to the REB of the proposed changes and receipt of the subsequent REB clearance;
* significant adverse effects to research participants are promptly reported to the REB;
* a renewal application is submitted to the REB for continuation of the study beyond the initial 12 month approval period.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of Faculty Supervisor: |  | Date: |   |
| [ ]  I have reviewed and approved this REB application. |

**Supporting Document Checklist**

Please indicate which of the following supporting documents are appended to this application (please add extra lines where necessary). Please ensure that all documents are **clearly labeled**, that all pages are **clearly numbered**, and attach them **in the order in which they are listed below**.

|  |
| --- |
|[ ]  Other REB approvals |
|[ ]  UNBC Institutional consents (e.g. Vice-President Research / Program / Department / School) |
|[ ]  Consents from Aboriginal groups or organizations |
|[ ]  Other consents (please specify) |  |
|[ ]  Research contract(s) |
|[ ]  Participant information letter(s) |
|[ ]  Participant consent form(s) |
|[ ]  Research assistant/transcriber confidentiality agreement(s) |
|[ ]  Participant recruitment materials (e.g. posters, letters, email scripts, etc.) |
|[ ]  Questionnaires or survey instruments |
|[ ]  Research proposal |
|[ ]  Other (please specify) |  |
|[ ]  Other (please specify) |  |
|  |  |

***Applicants are reminded that research with human subjects***

***cannot be undertaken prior to***

 ***obtaining approval by the Research Ethics Board***

***per*** [***TCPS2, Article 6.11***](http://www.pre.ethics.gc.ca/eng/policy-politique/initiatives/tcps2-eptc2/chapter6-chapitre6/#toc06-1b)

***Please allow 2 weeks from the submission deadline for a response from the REB.***

**However, please note that applications submitted in July and August will be assessed subject to the availability of REB members, and as such the REB cannot guarantee a specific turnaround time for the review process.**