

**Instructions:**

1. Use the *Ethics Applications Guidelines* to complete this form. The Guidelines and all other forms are available on the Office of the Vice-President, Research web site: <http://www.research.uvic.ca/Forms/>
2. Submit one (1) original and three (3) copies to Office of the Vice-President, Research. *Handwritten applications will not be processed.*
3. Use the attached *Participant Consent Form Template* to construct your consent form.
4. If you downloaded this file, you can complete it on your computer.

**A. Applicant Information**

Principal Investigator: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Department: \_\_\_\_\_ Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

Are you: Faculty Staff Graduate Student Undergraduate Student

*If you are a student:*

Name of Supervisor: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Department: \_\_\_\_\_ Phone: \_\_\_\_\_

**B. Project Information**

Project Title: \_\_\_\_\_  
Keywords: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_  
Geographic location of study: \_\_\_\_\_  
Have you applied for funding for this project? No Yes (If "yes", complete the following.)  
Source(s) of funding: \_\_\_\_\_ Exact title of grant(s): \_\_\_\_\_

- 1
- 2
- 3

Other Investigators on this project:

Name	Institutional Affiliation	E-mail address
1		
2		
3		
4		
5		

Employees (e.g., research assistants) should not be listed as investigators.  
If investigators change, inform the Chair of the Human Research Ethics Committee.

Proposed Start Date: \_\_\_\_\_ (allow 4-6 weeks for review)

<i>FOR OFFICE OF VICE-PRESIDENT, RESEARCH USE ONLY:</i>			VPR File Number:	
Date Received:	Sent to Rev1:	Returned Rev1:	To Chair:	
	Sent to Rev2:	Returned Rev2:	Notice:	
Committee Chair Approval Signature: _____			Date:	_____
Start Date: _____		Annual review date: _____		
Funding source reference info: _____				

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### C. Signatures

Your signature indicates that you agree to abide by all policies, procedures, regulations and laws governing the ethical conduct of research involving humans. Policies and procedures can be found on the Office of the Vice-President, Research web site: <http://www.research.uvic.ca/>

Principal Investigator: \_\_\_\_\_ Date: \_\_\_\_\_

The signature of the supervisor below indicates that the supervisory committee has reviewed and approved the student's proposal and that the supervisor has assisted the student in the preparation of this application.

Student's Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

The signature of the administrator indicates that adequate research infrastructure is available to conduct this research.

Chair/Director or Dean: \_\_\_\_\_ Date: \_\_\_\_\_

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### D. Level of Risk

The Tri-Council definition of "minimal risk" is the following:

*The research can be regarded as within the range of minimal risk if potential participants can reasonably be expected to regard the probability and magnitude of possible harms implied by participation in the research to be no greater than those encountered by the participant in those aspects of his or her everyday life that relate to the research. The designation of minimal or non-minimal levels of risk only affects the way the application is reviewed, not the substance of the ethical review.*

Based on this definition, do you believe your research qualifies as "minimal risk research"?

No

Yes (If "yes", please explain your answer below.)

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### E. Scholarly Review

Many research projects must undergo scholarly review. What type of scholarly review has this research undergone?

None

External Peer Review (e.g., granting agency)

Supervisory Committee (required for all student research projects)

Special Review (explain below)



5. If participants will/may not be able to provide consent for themselves, how will you gain consent?  
*See the Ethics Application Guidelines for further detail if your research involves children.*

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## H. Procedures

- \* 6a. Which of the following will the participants be expected to complete? (check all that apply)
- |   |  |                                  |
|---|--|----------------------------------|
| be interviewed individually                           | complete a questionnaire                               | participate in a group interview |
| be observed   | provide human tissue (e.g., blood, hair, DNA, gametes) |                                  |
| provide access to records or other personal materials |  |                                  |
| Other (specify below)                                 |  |                                  |
- 6b. Provide details to your answer in 6a (e.g., name of questionnaire, source of documents, type of task).  
*In an appendix, provide sample interview questions, copies of instruments, or examples of questionnaire items.*
- \* 6c. How will these procedures and methods be described to participants in the process of obtaining informed consent?
- \* 6d. How much time will be required to participate?
- \* 6e. Where will participation happen?
- 6f. What special training or qualifications are required for data gatherers?

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## **I. Potential Risks and Benefits**

\* 7. What are the potential or known inconveniences associated with participation and how will these be described in the consent process?

\* 8a. Are there any of the following potential risks to participants?  
physical    social    psychological    emotional    economic    Other (specify)

\* 8b. Provide details to your answer below and describe how you will explain the risks to participants.

\* 9. If there are any anticipated risks, how will they be minimized and dealt with if they occur (e.g., provide referrals to counseling services)? How you will describe this minimization to participants.

\* 10a. Are there any potential or known benefits associated with participation?  
directly to the participant    to society    to state of knowledge

\* 10b. How will you describe these benefits to the participant?

\* 10c. If there are any inducements (e.g., gifts, compensation, grades, bonus points) to participate, what are they and why are they necessary?

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## **J. Consent**

\* 11a. Informed consent requires that participation be voluntary and that the participants have the right to withdraw at anytime without consequences. How will you explain these options to potential participants?

\* 11b. What happens to a person's data if he/she withdraws part way through the study?

it will not be used in the analysis

it is logistically impossible to remove individual participant data

it will be used in the analysis if the participant agrees to this (specify how this agreement will be obtained)

\* 11c. How will you explain this to the participants?

\* 12a. Are you in any way in a position of authority or power over participants?

*Examples of a "power over" dilemma include teachers/students, therapists/clients, and supervisors/employees.*

No

Yes (If "yes", explain your relationship and how coercion will be prevented.)

\* 12b. Provide a description of how this will be discussed in the consent process.

\* 13. How will you provide for ongoing consent by participants during the data gathering period? How will this be described to participants?

*This is primarily an issue in research that occurs over multiple occasions or an extended period of time.*

\* 14. Do you anticipate that this research will be used for a commercial purpose?

No

Yes (If "yes", explain how you will describe this to the participants in the consent process.)

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## **K. Anonymity and Confidentiality**

*Questions 15 and 16 deal with anonymity and confidentiality. While these two concepts are related, they are NOT the same. Please refer to the Guidelines and the brief definitions below to assist you in answering these questions.*

***Anonymity** refers to the protection of the identity of participants. Anonymity can be provided along a continuum, from "complete" to "no" protection. Complete protection means that no identifying information will be collected.*

\* 15a. Will the anonymity of participants be protected?

Yes (completely)      Yes (partially)      No

\* 15b. If "yes", how will anonymity be protected and how will this be explained in the consent process?

\* 15c. If "no", justify why loss of anonymity is required and explain how this will be explained in the consent process.

*Confidentiality refers to the protection, access, control and security of the data and personal information.*

\* 16a. Will you provide confidentiality to the participants and their data?      Yes      No

\* 16b. If “yes”, how will confidentiality be protected and how will this be explained in the consent process?

\*16c. If “no”, justify the lack of confidentiality and explain how this will be explained in the consent process.

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## **L. Results and Uses of Data**

\* 17. What other uses will be made of the data? How will this be described to participants?

\* 18. When the research is complete what are your plans for preserving and protecting data or for destroying data?  
How will these plans be described to participants?

\* 19a. How do you anticipate disseminating your results?

Directly to participants	Published article
Thesis/Dissertation/class presentation	Internet
Presentations at scholarly meetings	Other (specify below)

\* 19b. How will you describe the dissemination of results to participants during the consent process?

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**M. Contact Information**

- \* 20. How will participants be able to contact you (and/or your supervisor) if they have questions or concerns about the study? *Provide telephone numbers that participants may use for the principal investigator, and (if applicable) the student's supervisor, and other researchers. The consent form must include the telephone number of the Associate Vice-President, Research (250-472-4362).*
- \* 21a. Other than the investigators, what are the names of individuals (employees or volunteers) who will be involved in data gathering or management? *If not known at the time of submission, provide this information to when it becomes available.*
- 1.
  - 2.
  - 3.
  - 4.
  - 5.
- 21b. If these individuals require special training, skills, and/or qualifications, what are they and how will they be adequately prepared?

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**N. Special questions related to additional review criteria**

22. Does this study involve any form of deception?  
No      Yes (If "yes", complete the attached *Request to Use Deception Form*)
- 23a. Does this project involve collection of data at multiple sites within Canada?      No      Yes
- 23b. If "yes", are your collaborators required to obtain ethical approval for this project at other sites?  
No      Yes (If "yes", provide research ethics board certificate of approval)
- 24a. Will this study be conducted in a country other than Canada?      No      Yes
- 24b. If "yes", provide details below of how this research conforms to the laws, customs and regulations of the host country.
25. If there is anything else you believe the Committee should know about this study, provide that information below.



26. If applicable, attach the following documents to this application. Check those that are appended.

Consent forms (use the attached *Participant Consent Form Template*)

Recruitment materials

Interview schedules

Questionnaires

Deception Form (use the attached *Request to Use Deception Form*)

Human Tissues Form

Permission to gain access to confidential documents or materials

Approval from external organizations where required (or proof of having made a request for permission)