RESEARCH ETHICS BOARD

STUDENT APPLICATION FOR ETHICS REVIEW

**Instructions:**

This form is for all **minimal risk** studies conducted by **undergraduate students** involving data collection involving human participants. 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 the application and all supporting materials into one document (e.g. questionnaires, consent forms, recruitment materials). This form and supporting materials document must be submitted 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.*

|  |  |  |
| --- | --- | --- |
| **Student and course Information** | | |
| * 1. **Title of Study:** Click here to enter text. | | |
| * 1. **Student Name:** Click or tap here to enter text. | | |
| * 1. **YukonU Student Number:** Click or tap here to enter text. | | |
| * 1. **Program:** Click here to enter text. | | |
| * 1. **Course name and number:** Click or tap here to enter text. | | |
| * 1. **Email:** Click here to enter text. | | |
| * 1. **Telephone:** Click or tap here to enter text. | | |
| * 1. **Faculty Supervisor/Instructor (Principal Investigator for ethics requirements):** Click here to enter text. | | |
| * 1. **Supervisor Department:** Click or tap here to enter text. | | |
| * 1. **Supervisor email:** Click or tap here to enter text. | | |
| * 1. **My Supervisor/Instructor has reviewed, checked and approved my Application for Ethics Review** | | |
| * 1. **Start Date:**  Upon REB approval  Other: Click here to enter text. **End Date:** Click here to enter text. | | |
| * 1. **Are there any other members in your research team?  Yes  No**   **If yes, provide names and their role in the research:**  Click or tap here to enter text. | | |
| **EDUCATIONAL ELEMENT** | | |
| ***The YukonU REB requires that all students complete the TCPS2 CORE Tutorial. The Research Ethics Coordinator will verify that the tutorial has been completed. Please remember to register listing your affiliation as Yukon University with your YukonU student e-mail address*** [***https://tcps2core.ca/welcome***](https://tcps2core.ca/welcome) | | |
| * 1. **Have you completed the TCPS 2 course on research ethics (CORE)?   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.*** | | |
| * 1. **Has your instructor / supervisor completed the TCPS2 CORE?  Yes  No** Click or tap here to enter text. | | |
| * 1. **Team Members:** All team members 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. **What steps have you 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. | | |
| **PROJECT INFORMATION** | | |
| * 1. **Where will the research be done?** Choose an item. **Specify site(s):**  Click here to enter text. | | |
| * 1. **Is there a partnering institution or organization?  Yes  No** | | |
| * 1. **Provide details of partners:** Click here to enter text. | | |
| * 1. **Do you have any funding for this project?** Yes,  Received from: Click here to enter text.  Pending from: Click here to enter text.  Other: Click or tap here to enter text. No funding: | | |
| * 1. **Scholarly Review of this project. (Check all that apply)**   **Approved by course instructor as part of course assignment.   Supervisory Committee or Supervisor**  **External Peer Review (e.g. granting agency). Please attach evidence of this approval**  **Other, please explain:** Click here to enter text.  ***Scholarly review is not required for minimal risk research.*** | | |
| **Research Project Description** | | |
| * 1. **Please provide a plain language 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 or tap here to enter text. | | |
| * 1. **Describe the methods and procedures to be used. Be specific and provide details of any interviews planned, questionnaires, demographic information collected, and/or 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 or tap here to enter text. | | |
| * 1. **What kinds of data will be generated (e.g. audio-recordings, journal entries…), and where and how will they be obtained?** Click or tap here to enter text. | | |
| * 1. **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. | | |
| * 1. **Describe the equipment that will be used for data collection.** Click or tap here to enter text. | | |
| * 1. **Which activities will be recorded?** Click or tap here to enter text.   **Please provide justification.** Click here to enter text. | | |
| * 1. **How will data be analyzed (e.g. statistical analysis of aggregated data, qualitative analysis of interview transcripts)? Explain how the data and analysis will achieve the intended purpose of the study.** Click or tap here to enter text. | | |
| * 1. **How will the data be used to support the research goals?** Click or tap here to enter text. | | |
| * 1. **How will you be sharing your research results (check all that apply)**   **Directly to participants**  **Class presentation/course assignment**  **Published article, chapter or book.**  **Presentations at scholarly meetings /Conferences.**  **Internet**  **Media (e.g. newspaper, radio, TV)**  **Other, explain** Click or tap here to enter text.  **Provide additional details about data sharing if known.** Click or tap here to enter text. | | |
| * 1. **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.*** | | |
| **Recruitment of Participants and Participation** | | |
| * 1. **How will potential research participants be identified and recruited? (Attach copies of recruitment letters, notices/advertisement or other materials).** Click here to enter text. | | |
| * 1. **What participants will be excluded from participation?** Click or tap here to enter text. | | |
| * 1. **What is the proposed number of participants in the study? Why this number?** Click here to enter text. | | |
| * 1. **Do any supervisory or trust-based relationships exist between any of the investigators and the participants, at any point in time (e.g., instructor-student, relative, friend, therapist-client, employer-employee)?  Yes  No**   **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. | | |
| * 1. **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. | | |
| * 1. **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. | | |
| * 1. **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.*** | | |
| **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 spirit of 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.   * 1. **Select the Yukon First Nation(s) you are planning to involve in your research.**  |  |  |  | | --- | --- | --- | | Carcross/Tagish First Nation | Liard First Nation | Teslin Tlingit Council | | Champagne and Aishihik First Nation | 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 or indigenous participants outside of the Yukon | | |
| * 1. **If you are not specifically recruiting Indigenous participants, are you including them if they wish to participate?  Yes  No. If no, please explain:**  Click here to enter text. | | |
| * 1. **Have you consulted with any governing body of the First Nation that you indicated above?    Yes  No**  **NA**   2. **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.   3. **If you answered “No” briefly justify your decision not to seek community approval.** Click here to enter text. | | |
| * 1. **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. | | |
| * 1. **What benefit will the First Nation(s) gain from the research?** Click here to enter text. | | |
| * 1. **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.*** | | |
| * 1. **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)   * 1. **How will this information be treated and how will ownership be honoured?** Click here to enter text. | | |
| * 1. **Are you collecting biological samples?  Yes  No**   **NOTE*: Yukon University is not certified to house or collect human biological samples, please contact the research administrator if this is part of your project*** | | |
| **Risks and Benefits** | | |
| * 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.*** | | |
| * 1. **Explain why the project should be assessed as minimal or above minimal risk.** Click here to enter text. | | |
| * 1. **Indicate which of the following participants may experience (check as many boxes as may apply):**   Questions about personal, sensitive, or incriminating issues?  Physical risks (e.g. falling, pain, COVID19, weakness, nausea, discomfort)  Psychological or emotional discomfort (e.g., feeling uncomfortable, anxious, upset, embarrassed)  Legal repercussions (e.g. disclosing criminal activity)  Social risks (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 Click or tap here to enter text.  None | | |
| * 1. **Despite identifying a risk above, why should this application be considered minimal risk?** Click here to enter text. | | |
| * 1. **If you checked any of the above boxes, please specify the measures taken to mitigate such risks, discomforts or inconveniences. If the study has the potential to upset participants, or identify distressed or disturbed individuals, you must make arrangements to mitigate such effects (e.g. provide information about Yukon University or other counselling services or other resources to which participants can be directed if needed).** Click here to enter text. | | |
| * 1. **Are there any risks to you or the research team?  Yes  No** | | |
| * 1. **If yes, what steps will be taken to mitigate these risks?** Click here to enter text. | | |
| * 1. **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. | | |
| 1. **PRIVACY** | | |
| * 1. **Will any identifying information be collected from participants?** *(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**   2. **If yes, what identifiers? Please provide a justification.** Click here to enter text.   3. **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.*** | | |
| * 1. **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. | | |
| * 1. **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**   2. **If yes, please explain how this will be addressed and how participants will be informed of this.** Click here to enter text. | | |
| * 1. **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.***   * 1. **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.*** | | |
| * 1. **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. **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*** | | |
| **CONFIDENTIALITY OF DATA** | | |
| * 1. **Who will be conducting the data collection?** Click here to enter text. | | |
| * 1. **Who will have access to the data?**   **Student researcher**   **Supervisor/Instructor**  **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) | | |
| * 1. **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 | | |
| * 1. **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. | | |
| * 1. **Upon completion of the study, how long will data be kept?** Click here to enter text. | | |
| * 1. **How will the data be maintained until this date in a secure way?** Click here to enter text. | | |
| * 1. **Describe how data will be deleted/destroyed after this period is over.** Click here to enter text. | | |
| **FREE AND INFORMED CONSENT** | | |
| * 1. **Describe the procedures for obtaining informed consent for each relevant part of the research project.**   Click here to enter text. | | |
| * 1. **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. | | |
| * 1. **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. | | |
| * 1. **Who will be obtaining consent from the participants?** Click here to enter text. | | |
| * 1. **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.** Click or tap here to enter text. **How will appropriate consent be obtained?** Click here to enter text.   ***Vulnerable populations can include persons with disabilities, low socio-economic status or minorities.*** | | |
| * 1. **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.***   * 1. **Have you used the Yukon University consent form template?  Yes  No**   **Why not? What was used instead?** Click here to enter text. | | |
| **Supporting Documentation** | | |
| TCPS 2 Certificate(s) | | Yes  No |
| Recruitment materials (e.g. advertisement, posters, online postings, invitations for participant recruitment etc.) | | Yes  No  NA |
| Research Agreement or proof of consultation for community approval/support | | 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 |
| Cover letter or email message for questionnaire | | 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 if possible (.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 YukonU policy [AR-03](https://www.yukoncollege.yk.ca/sites/default/files/inline-files/AR-03_Research_Ethics_Policy_-_October_2014_1.pdf) regarding ethical conduct in research and that I intend to comply fully with 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 here to enter a date. | |
| Signature of Student Applicant | Date | |