

(Reference Policy F.6 Research Approval)

**F.6.2 Application for Operational Approval to Conduct Research**

**Declaration by Principal Investigator**

*By signing below, I certify that all information contained within this application is accurate and complete. If circumstances should arise that affect the accuracy or completeness of the information provided, I will immediately relay the new information in writing. I agree to follow all applicable laws, regulations and guidelines pertaining to the conduct of research with humans.*

*By signing below, I also certify that I have read CMHA, Thunder Bay Branch's **Research Approval Policy** (located at <http://thunderbay.cmha.ca/Thunder-Bay-Branch>) and have become familiar with the process of approval, renewal and completion of research projects within CMHA, Thunder Bay Branch.*

*By signing below I also agree that CMHA, Thunder Bay Branch can display basic study information, including the name of the study, the names of the investigators and the organizations involved, and a summary of the findings (abstract), in print and electronically as part of our knowledge sharing initiatives. I also agree that CMHA, Thunder Bay Branch may request the delivery of a presentation to stakeholders.*

Project Name: \_\_\_\_\_

Name/Title of Principal Investigator(s): \_\_\_\_\_

Principal Agency/Association Name: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Proposed Dates for project: \_\_\_\_\_

Signature of Principal Investigator: \_\_\_\_\_

Date: \_\_\_\_\_

**Primary Contact Person: (if different from above)**

Name: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Secondary Contact Person:**

Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

## Research Ethics Board (REB) Approval

Normally, all potential projects must have obtained external REB review and approval. Projects considered “minimal-risk” as outlined by the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans* may have this step waived.

The enclosed project has been granted REB approval: \_\_\_\_\_  
Name of Research Ethics Board: \_\_\_\_\_  
Dates of approval (start/finish): \_\_\_\_\_  
Contact info for REB office: \_\_\_\_\_

I have included a copy of the REB letter of approval for the research project.  
Approval number: \_\_\_\_\_

OR

The enclosed project meets “minimal-risk” criteria as per *Tri-Council Policy*

### Part 1- Basic Information

Please complete the following basic information about the project. Please include details where appropriate.

Project Title: \_\_\_\_\_

Estimated start and end dates of the project: \_\_\_\_\_/\_\_\_\_\_

Have you applied for funding for this project?      Yes              No

List all sources of funding for the project:

### Part 2 – Summary of the Project

Please provide a summary of the project. This information is to be provided in addition to the copy of the proposal with all supplementary forms, consents etc.

What is/are the main hypothesis/es or goals of the project? (200 words)

Please describe your potential participants, including selection and exclusion criteria:

Anticipated number of participants sought: \_\_\_\_\_

Please describe your recruitment methods:

Describe your methods for obtaining and ensuring consent to participate:

Please describe what will be required of participants (including time commitments):

What potential risks are there to participants?

Please describe the steps that will be taken to ensure the safety of the participants from real or potential harm:

Describe your methods for ensuring the privacy of participants (anonymity and/or confidentiality etc):

Please list any potential benefits that may arise *for the clients of CMHA-TB* from participation in this project (also include any incentives being used in the project).

Please list any potential benefits that may arise *for the staff of CMHA-TB* from participation in this project.

Please list any potential benefits that may arise *for CMHA-TB as an organization* from participation in this project.

Please describe your data collection process and the type(s) of information being collected:

### Part 3 – Additional Information

I have read the CMHA, Thunder Bay Branch's *Mission and Value Statements* (available at <http://www.cmha-tb.on.ca>)

The project is in line with CMHA, Thunder Bay Branch's values in the following ways:

Which programs/services (e.g. Crisis Response, Case Management, etc) of CMHA, Thunder Bay Branch will be involved?

Please provide us with details regarding what will be required of CMHA, Thunder Bay Branch in terms of in-kind contributions of staff time, space, resources, materials etc:

If applicable, please provide us with a detailed budget with justification, including any resources (especially in-kind contributions) that you will need from CMHA, Thunder Bay Branch: