



**Canadian Mental
Health Association**
Thunder Bay
Mental health for all

**Association canadienne
pour la santé mentale**
Thunder Bay
La santé mentale pour tous

FORM F.6.2

**Application for Operational Approval to Conduct Research
(Reference Policy F.6 Research Approval)**

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's **Research Approval Policy** (located at <https://thunderbay.cmha.ca/get-involved/research>) and have become familiar with the process of approval, renewal and completion of research projects within CMHA Thunder Bay.*

By signing below I also agree that CMHA Thunder Bay 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 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: _____



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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):



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Please list any potential benefits that may arise *for the clients of CMHA Thunder Bay* 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 Thunder Bay* from participation in this project. _____

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

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



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Part 3 – Additional Information

- I have read the CMHA Thunder Bay's *Mission and Value Statements* (available at <https://thunderbay.cmha.ca/about-cmha-3/>).

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

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

Please provide us with details regarding what will be required of CMHA Thunder Bay 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.