



# RESEARCH ETHICS REVIEW REPORT AND RENEWAL FORM (External Applicants)

## INSTRUCTIONS

1. **Reports** on protocols that have been completed must be submitted within two (2) months of the approval certificate expiring.
2. Complete sections 1 and 2 and sign the declaration to report on an approved protocol that has been completed.
3. **Renewals** must be submitted no later than one (1) month before the approval certificate expires.
4. For renewals, complete all sections. Please write "N/A" if a section is not applicable to your research protocol.
5. Attach a copy of all relevant permits, reports, participant lists and/or other items required for a complete review of your application.
6. For continuing research projects that are entering a new phase, complete sections #1 and #2 and sign the declaration to report on the completed phase of the project. Complete and submit a Research Ethics Review Form for the next phase of the project.
7. Submit this form and all supporting documents to the Chair of the Research Ethics Committee via email - [chairREC@auroracollege.nt.ca](mailto:chairREC@auroracollege.nt.ca).

Note: For additional information see [Policy I.04 Ethical Conduct for Research Involving Human Subjects](#).

## 1. Principal Investigator Information

Last Name:	<input style="width: 95%;" type="text"/>	First Name:	<input style="width: 95%;" type="text"/>
Agency:	<input style="width: 95%;" type="text"/>		
Mailing Address:	<input style="width: 95%;" type="text"/>		
Email Address:	<input style="width: 45%;" type="text"/>	Telephone (Work):	<input style="width: 45%;" type="text"/>

## 2. Project Details

Exact title of the project:	<input style="width: 95%;" type="text"/>
Previous protocol number:	<input style="width: 95%;" type="text"/>

Project status for the next year

- This project will not continue; it has been completed.
- This project will continue with no or minor modifications - Renewal
- This project will continue and is entering a new phase - ethics review required, use the Research Ethics Review Form.

If this is a RENEWAL, have all other permits required to continue to conduct this research/protocol been obtained?

Yes     No

If yes, provide a copy of each permit and / or approval:

Attached     To Follow    Specify agency: \_\_\_\_\_



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**Summary Report** (attach a separate document if necessary)

Briefly describe what work was done in the past year. Be sure to note any complications, as well as the steps taken to address the problem(s).

A large, empty rectangular box with a thin black border, intended for the applicant to provide a summary report of their work from the past year.



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**3. Description of Project** (attach an extra sheet if more space is needed)

Describe any changes to previous protocol, including any changes in key personnel (e.g. lead researcher).

A large empty rectangular box for writing the description of the project.



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### 4. Modifications

Have there been any changes, other than dates, to:

- |   |                             |                              |
|---|-----------------------------|------------------------------|
| Recruitment notice/advertisement                  | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Information/explanation sheet                     | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Consent form                                      | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Questionnaire, survey tools, etc. (if applicable) | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Level of risk to participants                     | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

### 5. Signatures

I certify that (a) the information contained in this application is accurate; (b) conduct of the proposed research will not continue until ethical certification has been granted; and (c) the Aurora College Research Ethics Committee will be advised of any revisions to the protocol arising before or after ethical certification is granted.

Principal Investigator's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Principal Investigator's Signature: \_\_\_\_\_

#### If principal investigator is a student:

Supervisor's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Title: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

Protocol Checklist - Submit <b>ONLY</b> if there have been changes (other than dates)	N/A	Attached
Copy of the verbal or written explanation that will be provided to participants before they are asked for consent to participate.	<input type="checkbox"/>	<input type="checkbox"/>
Copy of the informed consent(s) that will be distributed to each participant.	<input type="checkbox"/>	<input type="checkbox"/>
Copies of questionnaire(s), sample questions or thematic overview, interview guide.	<input type="checkbox"/>	<input type="checkbox"/>
Your recruitment notice, advertisement, and/or information sheet AS WELL AS that used by a sponsor or supportive organization (as applicable).	<input type="checkbox"/>	<input type="checkbox"/>