AURORA COLLEGE

RESEARCH ETHICS REVIEW FORM
(External Applicants)

INSTRUCTIONS

1. Complete all sections. Please write "N/A" if a section is not applicable to your research protocol.
2. Attach a copy of all relevant permits, questionnaires, interview schedules, tests, informed consent forms and/or other items required for a complete review of your application.
3. Submit this form to the Chair of the Research Ethics Committee via email - chairREC@auroracollege.nt.ca

1. Applicant Information

Last Name: _____ First Name: _____

Mailing Address: _____

Email Address: _____

Phone Number(s): _____

2. Project Details

Exact title of the project: _____

Anticipated date of research: (mm/yy) Start Date: _____ Completion Date: _____

List the location(s) where the data will be collected (please attach a map if the region is large):

Are other permits and/or approvals required to conduct this research? ☐ Yes ☐ No

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

☐ Attached

☐ To follow (Specify from where): _____

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Provide a brief (no more than 2 pages) **summary of the purpose, objectives, and aims** of the research. Describe your methodology and what will be required of the human participants. Please use language that can be understood by a non-specialist. (Note: The Committee may refuse to review applications with summaries exceeding 2 pages).

REMINDER: Be sure to include a copy of any questionnaire(s) and/or test instrument(s).

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3. Estimation of Risks

Will this study involve the following? (Please check)	None	Minimal Risk	More than minimal risk
Psychological or emotional manipulations - might a participant feel demeaned, embarrassed, worried or upset? Could subjects feel fatigued or stressed?	☐	☐	☐
Are there questions that may be upsetting to the respondent?	☐	☐	☐
Does your study have the potential for identifying distressed individuals?	☐	☐	☐
Is there any physical risk or physiological manipulation?	☐	☐	☐
Is any deception involved? Withholding of information from, or misinforming participants?	☐	☐	☐
Is there any social risk - possible loss of status, privacy, and/or reputation?	☐	☐	☐
Do you foresee any chance that subjects might be harmed in any way?	☐	☐	☐
Is there any potential for coercion or the perception of coercion? That is, might a person feel pressured to participate in the research, answer questions or do things they might not otherwise do because of an actual or perceived power or trust relationship between the researcher and the person (e.g. manager/employee, teacher/student, nurse/patient)?	☐	☐	☐
Are the risks similar to those encountered by the subjects in everyday life?	☐ Yes	☐ No	

4. Risk Mitigation

Describe the likely risks to participants and how they will be mitigated.

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5. Recruitment of Participants

Describe the **"types" of participants** (e.g. Aboriginal community members, hospital patients, children) to be involved in the research.

Please address:

Who will be recruited.

How individuals will be recruited.

How and where you will advertise your project. **Include a copy of your recruitment notice, advertisement, information sheet, as well as that used by a sponsor or supportive organization, if applicable.**

If remuneration/compensation is offered, state the amount.

Any provisions that have been made to accommodate participants' language or cultural needs.

6. Informed Consent

Describe the **informed consent process. Please address how you plan to accommodate participants' language or cultural needs during the informed consent process. Provide a copy of your consent form.**

In exceptional circumstances, verbal consent may be obtained. Provide an explanation for seeking verbal instead of written consent and a script containing the same points normally covered in a written consent form.

If participants are minors or, for other reasons, are not able to provide fully informed consent you must obtain consent from the parents or guardians and you must explain the research to the participants. Describe how you will obtain consent and explain, justify, and describe how you will attempt to explain the research to the participants.

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When and how will people be informed of **the right to withdraw** from the study?

Please address:

The procedures that will be followed for people who wish to withdraw from the study.

How information contributed prior to the point of withdrawal will be used in the study.

Do you plan **follow-up** procedures with participants? ☐ Yes ☐ No

Does your research require **formal debriefing**? ☐ Yes ☐ No

If yes to both/either question, please provide details:

7. Privacy: Confidentiality and Anonymity

Participant contributions will be: (check all that apply) ☐ Public and cited ☐ Anonymous ☐ Confidential

Explain how you propose to respect an individual's privacy.

Please address:

How the raw data will be compiled and used in the write-up of the results.

If and how participants will be asked to review their contribution before inclusion.

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Provide specific details about the **security procedures** for the data.

Please address:

How data, data keys, surveys, interview transcripts and all other confidential information will be stored and secured during data analysis and processing.

Who will have access to confidential data now and in the future.

How long the data will be retained; how they will be stored and secured; and the plans for disposal of records/data.

8. Dissemination of Results

Describe how you will make the results of your research available to the participants, the community, and others (public, research community, etc.). Please address when and how participants will be informed of your plans to disseminate the results of your research to others.

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9. Benefits

Please address:

What are the likely benefits of the research to the researcher, the participants and society?

10. Signatures

I certify that (a) the information contained in this application is accurate; (b) conduct of the proposed research will not commence 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.

Applicant's Name: _____ Date: _____

Applicant's Signature: _____

If applicant is a student:

Supervisor's Name: _____ Date: _____

Supervisor's Title: _____

Supervisor's Signature: _____

Protocol Checklist - REQUIRED	N/A	Attached
Copy of the verbal or written explanation that will be provided to participants before they are asked for consent to participate.	☐	☐
Copy of the informed consent(s) that will be distributed to each participant.	☐	☐
Copies of questionnaire(s), sample questions or thematic overview, interview guide.	☐	☐
Your recruitment notice, advertisement, and/or information sheet AS WELL AS that used by a sponsor or supportive organization (as applicable).	☐	☐