Created: March 26, 2019

1003.5 Application to Conduct Research

Please refer to the Research Review Guidelines (Appendix 1003.5) for details required to fill out this form.

1 | Identifying Information

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date: |  | | | |  | | | | | | | |
|  | (YYYY/MM/DD) | | | |  | | | | | | | |
| Name of Principal Researcher(s): | | | | | |  | | | | | |  |
|  | | | | | | (Last, First) | | | | | |  |
| Position of Principal Researcher: | | |  | | | | Supervisor Name (if student): | | |  | N/A | |
|  | | |  | | | |  | | |  |  | |
| Affiliated Institution / Organization: | | | |  | | | | | | | |  |
|  | | | |  | | | | | | | |  |
| Mailing Address of Institution: | | | |  | | | | | | | |  |
|  | | | |  | | | | | | | |  |
| Phone: | |  | | | | | | Email: |  | | |  |
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2 | Research Study

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| Title: | | |  | | | | | | | | |  |
|  | | |  | | | | | | | | |  |
| Approximate time period for data collection (Note: it may take up to 8 weeks to process this application): | | | | | | | | | | | | |
|  | | Preferred start date: | | |  | | | Estimated completion date: | |  |  | |
|  | |  | | | (YYYY/MM/DD) | | |  | | (YYYY/MM/DD) |  | |
|  | | | | | | | | | | | | |
| Select the type of proposal for research from the list below (check all that apply): | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  |  | | | Doctoral Dissertation | |  | Institutional Project - Funded | | | | | |
|  |  | | | Masters Thesis | |  | Institutional Project - Unfunded | | | | | |
|  |  | | | Graduate Research Project | |  | Undergraduate Research Project | | | | | |
|  | Other (please specify): | | | | | | | | | | |  |
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3 | Lethbridge School Division Affiliation

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| --- | --- | --- | --- | --- | --- |
| Division Employee: | No **or**   Yes If yes, location: | | |  |  |
|  | | | |  |  |
| Other association with the Division (please describe): | | |  | |  |
|  | | |  | |  |
| Name(s) of school(s): | |  | | |  |
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4 | Required Documents

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| --- | --- | --- | --- |
| **All required boxes must be checked for the proposal to be considered for review.** | | | |
|  |  | This proposal **has received** ethics approval that meets Canadian standards (TCPS 2) for social and behavioral research with human participants and a copy of the Research Ethics Board (REB) approval letter is attached. **(check only if applies)** |  |
|  |  | This proposal meets the requirements outlined by the *Division Research Review Guidelines*. **(required)** |  |
|  |  | Recruitment Package attached (Letter of Introduction to Research, Oral Explanation, Posters, etc.). **(required)** |  |
|  |  | Informed Consent Document attached. **(required)** |  |
|  |  | Copy of surveys, questionnaires, interview questions or interview guide attached. **(required)** |  |
|  |  | Copies of Police Information Check (PIC) including Vulnerable Sector Search for all team members. **(does not apply if individual is a current Division employee with a PIC on file)**. If the researcher is not currently a school Division employee and the research requires researcher presence in the school building. |  |
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Please note: The spaces provided for your responses will expand as you write or paste.

5 | Brief Summary of the Project

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| Provide a succinct summary of the purpose, objectives, methods and aims of the research. Please seek to do so in under 400 words and using language understandable by a non-specialist. |
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6 | Research Methodology

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| Describe the methods and procedures to be used with particular emphasis on the **perspective and experience of research participants** and any others potentially affected by the research. Provide as much detail as necessary to enable consideration of risks to participants. Note: Cutting and pasting method descriptions from grant proposals, thesis proposals, etc. is normally not sufficient to properly complete the next section. Describe the researcher’s role in relation to the study participants and consider how that relationship may affect your methodology. |
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7 | List of Study Participants

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| Describe who will be the potential participants in this study. *Any changes to this list after the application is submitted require approval and requests need to be made to ­the Associate Superintendent, Instructional Services.* | | | | | | | | |
|  | Name(s) of potential school site(s): | |  | | | | |  |
|  |  | |  | | | | |  |
|  | Number of students and grade level(s): | | |  | | | |  |
|  |  | | |  | | | |  |
|  | Number of teachers: |  | | | | | |  |
|  |  |  | | | | | |  |
|  | Number of school or system based administrators: | | | | |  | |  |
|  |  | | | | |  | |  |
|  | Number of other Division employees: | | | | | | \_\_ |  |
|  |  | | | | | |  |  |
|  | Number of parents/guardians of students: | | | |  | | |  |
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8 | Recruitment of Participants

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| Describe your method(s) for recruiting participants and specify who will do the recruiting. Describe how and where you will advertise your project. Describe any provisions that have been made to accommodate the participants’ language.   * Include a copy of the recruitment notice, advertisement and information sheet (as well as that used by a sponsor or supportive organization if applicable). * If actively seeking participation by speaking to specific groups include this below or attach the text that will be used for oral presentations.   Note: Once the Division letter of Research Approval is obtained, please include this letter in your recruitment package so Principals can make an informed decision about their participation in the research. |
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9 | Informed Consent/Assent

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| A request for Informed Consent is required for all human participants who are members of the Division Community. Describe the process for obtaining **informed consent/assent** as well as how you will create understanding about the right to withdraw. Describe when and how participants will be informed of the **right to withdraw** from the study. Describe the procedures that will be followed for participants who wish to withdraw at any point during the study and what happens to the information contributed to this point. Include a copy of the completed Request for Informed Consent and, where participants are under the age of 18, a copy of process for assent with this application.  Note: Digital Informed Consent forms are not recognized by Division at this time. |
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10 | Description of Data, Data Gathering and Analysis

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| --- | --- |
| **Describe, in as much detail as possible, all data to be gathered for this project.** If personal information will be gathered or access is being requested, please describe this in detail where prompted. Access will be given only to the records listed in this application and only for the purposes approved for the research project described above.  ***Any changes to this list after the application is submitted require approval and requests should be made in writing to the Associate Superintendent, Instructional Services.*** | |
|  | |
| i) | Describe, in as much detail as possible, the data that will be gathered, and if relevant, the personal information required from existing records or the personal information that will be collected directly from research participants (e.g., age, gender/sex, etc.). |
|  | |
| ii) | If applicable, describe why the research project cannot reasonably be accomplished unless the information is provided in individually identifiable form (i.e., personal information about named or identifiable individuals). |
|  | |
| iii) | Describe in detail how the data will be used and to whom it will be disclosed (include any research colleagues or assistants who will have access to the data). |
|  | |
| iv) | Describe security measures, procedures and controls you will have in place to ensure the security and confidentiality of the data (include computer security measures and controls to prevent unauthorized access or disclosure). |
|  | |
| v) | If applicable, state the expected period of time during which access to any records may be required and the expected period of time during which these records will be used. |
|  | |
| vi) | If applicable, describe the procedures and the expected period of time required for removal and destruction of individual identifiers. |
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11 | Potential Benefits

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| Outline the potential benefits of this study for Division students, the researcher, participants (if other than students) the research community and society at large. Outline how this study aligns with Division policies and / or [Three-Year Education Plan](http://www.cbe.ab.ca/FormsManuals/Three-Year-Education-Plan.pdf). |
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12 | Dissemination of Research

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| **Feedback to Lethbridge School Division No. 51**  At the conclusion of this study, the researchers are asked to complete a summary of the research to be submitted electronically to [Superintendent@lethsd.ab.ca](mailto:Superintendent@lethsd.ab.ca) with “Conducting Research” in the subject title. Researchers are invited to send a PDF of the full report as well. Upon submission this will be posted internally to be available for members of the Lethbridge School Division No. 51 community to review. Your contact will be provided in case anyone would be interested in further information about your study. | | | |
|  | Anticipated date of submission is: |  |  |
|  |  | (YYYY/MM/DD) |  |
| **Proposed Workshops and Publications**  Please outline potential workshops or publications that may arise from this research below. | | | |
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| **Important Information**   * The Researcher is required to comply with the provisions of the Alberta’s *Freedom of Information and Protection of Privacy Act* and any of Lethbridge School Division’s policies, procedures and guidelines relating to the confidentiality of personal information that was obtained, generated, collected or provided in records requested for this study. * The Researcher will have to obtain, from all persons who will have access to personal information, a written agreement that binds them to the same conditions in the legal agreement as the Researcher. * A fee may be charged to provide the Researcher with the information requested. An estimate of the fee will be provided in advance. * The Researcher will not include or reference any Lethbridge School Division school name or identified school acronym in any report writing, course work, paper or publications (permission to do so can be requested through the office of the Superintendent). * The Researcher will not offer incentives to Division students, parents/guardians or staff for participation in the proposed research. |
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13 | Authorization

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| Personal information contained on this form is collected under the Alberta’s *Freedom of Information and Protection of Privacy Act* and will be used to evaluate and administer the application to conduct a research project. It will also be posted internally with your final report for members of the Division community to contact you should they be interested in further information. If you have any questions about the collection of your personal information, please contact the Associate Superintendent, Instructional Services at [Superintendent@lethsd.ab.ca](mailto:Superintendent@lethsd.ab.ca). | | | | | | | | | | |
|  | **I agree that this research will be conducted according to the policies outlined by the Lethbridge School Division. I agree that Lethbridge School Division schools, staff or students will NOT be identified in any report or publication or presentation.** | | | | | | | | | |
|  | Signature of Researcher: | |  | | | | | Date: |  |  |
|  |  | |  | | | | |  | (YYYY/MM/DD) |  |
|  | Signature of Witness: | |  | | | | | Date: |  |  |
|  |  | |  | | | | |  | (YYYY/MM/DD) |  |
|  | Witness Name (printed): | |  | | | | |  | |  |
|  |  | |  | | | | |  | |  |
| If this study is part of the requirement for completion of a degree, your academic supervisor must review. | | | | | | | | | | |
|  | | **I have reviewed this application and agree with the proposed study.** | | | | | | | | |
|  | | Signature of Academic Supervisor: | | |  | | | Date: |  |  |
|  | |  | | |  | | |  | (YYYY/MM/DD) |  |
|  | | Academic Supervisor Name and Position (printed): | | | | |  | | |  |
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| **For Lethbridge School Division use only.** | | | | | | | | | | |
| The application for access to records pursuant to the Alberta’s *Freedom of Information and Protection of Privacy Act* is approved subject to the terms and conditions of corresponding legal agreements. | | | | | | | | | | |
|  | Signature of Division Authority: | | |  | | | | Date: |  |  |
|  |  | | |  | | | |  | (YYYY/MM/DD) |  |
|  | Division Authority Name and Position (printed): | | | | |  | | | |  |
|  |  | | | | |  | | | |  |