

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

Date: _____ (YYYY/MM/DD)	
Name of Principal Researcher(s): _____ (Last, First)	
Position of Principal Researcher: _____	Supervisor Name (if student): _____ <input type="checkbox"/> N/A
Affiliated Institution / Organization: _____	
Mailing Address of Institution: _____	
Phone: _____	Email: _____

2 | Research Study

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

3 | Lethbridge School Division Affiliation

Division
Employee: No **or** Yes If yes, location: _____

Other association with the Division
(please describe): _____

Name(s) of school(s): _____

4 | Required Documents

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.

Please note: The spaces provided for your responses will expand as you write or paste.

5 | Brief Summary of the Project

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.

Form

6 | Research Methodology

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.

7 | List of Study Participants

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: _____

8 | Recruitment of Participants

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.

9 | Informed Consent/Assent

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.

Form

10 | Description of Data, Data Gathering and Analysis

<p>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.</p> <p><i>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></p>	
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.

11 | Potential Benefits

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.

12 | Dissemination of Research

Feedback to Lethbridge School Division

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 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 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.

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.

13 | Authorization

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.

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): _____

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): _____

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