

APPLICATION FOR ETHICS REVIEW

**Applications must be sent to Dr. Erin Shanahan via** [**REB@stmu.ca**](mailto:alana.ireland@stmu.ca) **before the deadline. Ethics applications are due by 4pm on the 3rd Monday of every month.** Should StMU be closed on such a Monday the deadline will be by 4pm on the third Tuesday of the month instead. Applications received after 4pm on the monthly deadline will not be considered until the next deadline.In your email you must attach your [application](https://www.stmu.ca/wp-content/uploads/2015/10/Application-For-Ethics-Review-Revised-Feb-2018.docx) as a **SINGLE Word document** (electronic signatures are accepted). You may also attach up to two additional supporting documents (e.g., appendices, promotional materials etc.). **Starting December 31st, 2024, you must also attach the TCPS 2 CORE certificate of the principal investigator to your application.** For projects where a student is the principal investigator, the TCPS-2 of their faculty supervisor may be attached instead. Applications that do not follow these requirements may not be reviewed.

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| **SUBMISSION DATE** (YYYY/MM/DD): | | | | | |
| **1.1 Principal Investigator:** | | | | | |
| Surname | Given Name | | | | |
| E-mail Address | Telephone  ( ) | | | | |
| Mailing Address | | | | | |
| Position (Check One)   * StMU Faculty Member * StMU Student * Researcher from another institution   If you are a student, please include your supervisor's name and email address here (you will need your supervisor’s signature, see last page), otherwise leave blank:  If you are a StMU faculty or student, please indicate the following:   * Psychology ☐ Liberal Studies ☐ English ☐ History ☐ General Studies ☐ Natural & Mathematical Sciences * Education   If you are a researcher from another institution, please indicate your institution and position here, otherwise leave blank: | | | | | |
| **1.2 Co-applicant(s):** If more than one, provide same details as below as an attachment | | | | | |
| Surname | Given Name | | | | |
| Position/Affiliated University or organization: | | | | | |
| E-mail Address | | | | | |
| Telephone  ( ) | | | | | |
| Position (Check One)   * StMU Faculty Member * StMU Student * Researcher from another institution | | | | | |
| **2. Project Details:** | | | | | |
| **2.1 Project Title:** | | | | | |
| **2.2** Is this an amendment/modification to a previously approved protocol?  ☐ Yes ☐ No  If yes, please provide the project title and REB certificate number of the previously approved protocol. | | | | | |
| **2.3** Is the research externally funded?  ☐ Yes ☐ No  If yes, describe source of funding: | | | | | |
| **2.4** Does this research involve any real, potential, or perceived conflict of interest?  ☐ Yes ☐ No  If yes, please provide a written disclosure detailing the circumstances and provisions to mitigate the conflict. **This should be labeled and attached as an appendix to this application.** | | | | | |
| **2.5** Start date of recruitment of participants (mm/yy) | | End date of working with participants (mm/yy) | | | |
| **2.6** How/where will the data be collected? | | | | | |
| **2.7** Are other approvals/permissions required at the location where this research will occur?  ☐ Yes ☐ No  If yes, provide the name of the participating institution(s):  **If yes, you must provide a copy of the other approvals/permissions:** ☐ Attached ☐ To follow | | | | | |
| **2.8** Describe in detail the design and methodology of your study, being sure to provide evidence and rationale where needed. **This should be labeled and attached as an appendix to this application. It may be no more than 6 pages, double spaced, font size 12**, **with margins of 2.54cm**. You are reminded that all supporting materials (questionnaires, interview questions, etc) mentioned in this section should also be included as clearly labeled and organized appendices to this application. When referencing supporting materials in your description of design and methodology please clearly indicate in which appendix they can be found (e.g., see Appendix A).  ☐ I confirm that I have attached a description of the design and methodology of this study to this application  ☐ I confirm that I have attached all necessary supporting materials mentioned in the description to this application | | | | | |
| **3. Estimation of Risks**: Please indicate whether your study will involve each of the following types of risk.  For each risk present in your study describe the potential risks as well as the safeguards or procedures you have in place and indicate whether you believe the level of risk is ‘Minimal Risk’ or ‘More than Minimal Risk.’  If you indicate “More than Minimal Risk’ for any of the points below you must provide justification for such risk(s) being sure to explain why alternative approaches involving less risk cannot be used (see question 3.9).  The definition of *Minimal Risk* is: where the probability and magnitude of possible harm implied by participation in the research is no greater than those encountered by participants in those aspects of their everyday life that relate to the research. | | | | | |
| **3.1** Does your study contain psychological or emotional manipulations that may lead the participant to feel demeaned, embarrassed, worried, upset, fatigued, stressed, or any other negative emotional state. | | | ☐ Yes | ☐ No | |
| If you selected yes to 3.1, please describe the manipulations and potential risks as well as the safeguards or procedures you have in place. | | | | | |
| If you selected yes for 3.1, please indicate the level of risk. | | | ☐ Minimal Risk | ☐ More than minimal risk | |
| **3.2** Does your study contain any questions that may lead the participant to feel demeaned, embarrassed, worried, upset, stressed, or any other negative emotional state.Does your study have the potential to identify distressed or disturbed individuals? | | | ☐ Yes | ☐ No | |
| If you selected yes to 3.2, please describe the measures and potential risks as well as the safeguards or procedures you have in place. | | | | | |
| If you selected yes for 3.2, please indicate the level of risk. | | | ☐ Minimal Risk | ☐ More than minimal risk | |
| **3.3** Are there any physical risks or physiological measurement/manipulation in your study? | | | ☐ Yes | ☐ No | |
| If you selected yes to 3.3, please describe the measures/manipulations and potential risks as well as the safeguards or procedures you have in place. | | | | | |
| If you selected yes for 3.3, please indicate the level of risk. | | | ☐ Minimal Risk | ☐ More than minimal risk | |
| **3.4** Will your study involve deception (withholding information from participants)? Note this includes withholding the true purpose of the study until the end. | | | ☐ Yes | ☐ No | |
| If you selected yes to 3.4, please describe the deception being used and why it is necessary as well as the procedures you have in place for debriefing participants on the deception following the study. | | | | | |
| If you selected yes for 3.4, please indicate the level of risk. | | | ☐ Minimal Risk | ☐ More than minimal risk | |
| **3.5** Are there any social risks to participating in your study, such as possible loss of status, privacy, and/or reputation? | | | ☐ Yes | ☐ No | |
| If you selected yes to 3.5, please describe the potential risks as well as the safeguards or procedures you have in place. | | | | | |
| If you selected yes for 3.5, please indicate the level of risk. | | | ☐ Minimal Risk | ☐ More than minimal risk | |
| **3.6** Do you anticipate any other risks other than those discussed above? | | | ☐ Yes | ☐ No | |
| If you selected yes to 3.6, please describe the potential risks as well as the safeguards or procedures you have in place. | | | | | |
| If you selected yes for 3.6, please indicate the level of risk. | | | ☐ Minimal Risk | ☐ More than minimal risk | |
| **3.7** If you selected ‘More than Minimal Risk’ for any of the risks outlined in 3.1 to 3.6 you must provide a justification for these risks and explain why alternative approaches involving less risk cannot be used. | | | | | |
| **4. Participants** | | | | |
| **4.1a** Are the potential participants vulnerable in terms of their age, cognitive capacity, circumstances, etc?  ☐ Yes (see below) ☐ No (move to 4.2)  **4.1b** If yes to 4.1a, describe the vulnerable population you will be working with.  **4.1c** If yes to 4.1a, describe who will be involved in recruitment.  **4.1d** If yes to 4.1a, what are your skills and expertise in working with this population? Do you have any specific training?  **4.1e** If yes to 4.1a, what strategies will you put in place to protect these individuals in regards to your study?  **4.1f** If yes to 4.1a, does your study contain any possible questions/triggers/manipulations/etc. that may distress this population in particular? If so, why is this necessary and how will you as the researcher navigate such distress? | | | | |
| **4.2** Describe your method(s) for recruiting participants, explaining: how and where you will advertise your project and how you will approach individuals to participate.  **You must include in an Appendix to this application, if applicable:**  - A copy of your recruitment notice, advertisement, information sheet, as well as that used by a sponsor or supportive organization.  -The text used for verbal presentations if you are actively seeking participation by speaking to specific groups. | | | | |
| **4.3** Are incentives (e.g., remuneration/compensation) being offered?  ☐ Yes ☐ No (move to 4.4)  If yes, provide a rationale for such remuneration/compensation/incentive, detailing the amount/type, and confirming the budget provisions to meet these obligations. | | | | |
| **4.4** How will informed consent be obtained? A written and signed consent form is often used, but there are situations when it is not appropriate. If a written and/or signed consent form is not being used, please explain why not and what you are using as an alternative. **You must include a copy of your consent form (or equivalent) as an appendix to this application.** | | | | | |
| **4.5** Is this a longitudinal project?  ☐ Yes ☐ No (move to 4.6)  If yes, describe how you will ensure obtained consent is sought from participants periodically throughout the project. | | | | |
| **4.6** When and how will people be informed of the right to withdraw from the study? What procedures will be followed for people who wish to withdraw at any point during the study? What happens to the information contributed to this point? Will it be destroyed and how? | | | | |
| **4.7** Do you plan on providing follow-up material for those involved? (For example, if you have arranged to provide participants with a report of the results.)  ☐ Yes ☐ No (move to 4.8)  If yes, please describe what materials will be provided and how they will be distributed. | | | | |
| **4.8** Will you debrief participants at the end of your study? Note that a formal debriefing is required when deception is used.  ☐ Yes ☐ No (move to section 5)  If yes, please provide details about the debriefing procedures you will use. | | | | |

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| **5. Privacy, Confidentiality, and Anonymity** |
| **5.1a** Participant contributions will be (check all the apply):  ☐ public and cited ☐ anonymous ☐ confidential  **5.1b** Explain the steps you propose to respect an individual’s privacy. Describe these precautions in terms of access to raw data, as well as the write-up of the results. For example, will data be reported in aggregate? Will codes be used instead of names to keep track of data? If so, explain how this will work. Will participants select or be given a pseudonym? Will participants be asked to review their contribution before inclusion? In other words, who gets the data and in what form? |
| **5.2** Provide specific details about the security procedures for collecting and storing the data as well as plans for the ultimate disposal of records/data. Who will have access to confidential data now and/or in the future/ Specify the length of time the data will be retained. |
| **5.3 Does the study’s design require that information about the participants be sought from a third party or any other source (e.g. an employer, case worker, family member, teacher, or official records or files)?**  ☐ Yes ☐ No (move to 5.4)  If yes, please describe what information will be collected and how you will maintain privacy and confidentially of this data. |
| **5.4a** Does this research involve online data collection?  ☐ Yes (see below) ☐ No (move to section 6)  If yes, select the type(s) of online data collection that applies:   * Crowd sourced data will be used * Data will be gleaned from public online spaces (e.g., public Facebook profiles, Twitter, Google) * Data will be gleaned from restricted/private online spaces (e.g., private chat rooms) * Participants will be recruited through a paid online platform (e.g., MechanicalTurk, Cloud Research, Qualtrics Panels, Prolific, Geofinder) * Data will be collected using an online survey provider (e.g., Qualtrics, Survey Monkey, PsyToolkit etc) * other:   **5.4b** If you selected any of the above, list the sites/data providers here:  **5.4c** Will this data be identifiable?  ☐ Yes ☐ No  If yes, please describe what identifiable information will be collected and how you will ensure the privacy and confidentiality of this information.  **5.4d** Are you fluent with the terms of service and privacy policies of these sites/providers?  ☐ Yes ☐ No  **5.4e** If gleaning online data from public online spaces do you anticipate that participant data may be perceived as sensitive information? (This is especially pertinent to topics like suicide, self-harm, drug abuse, etc.)  ☐ Yes ☐ No  If yes, please describe why this information would be perceived as sensitive and how you will ensure the privacy and confidentiality of this information.  **5.4f** If gleaning online data from public online spaces will you ask participants whether or not they consider this type of data to be personal or private?  ☐ Yes ☐ No  Describe why or why not.  **5.4g** If you are using an online data collection provider, it is important to know and describe the geographical location of the servers that host the survey and store participants’ data. The location of their server is often listed on the survey program main page. If not, you should contact the program administrator directly for this information.  Data anonymity and confidentiality may be vulnerable due to access from governments and companies. When data are stored outside of Canada, the researcher has less control over data protection. For example, data stored on servers based in the USA are subject to the United States Patriot Act that permits US law enforcement officials to seek a court order that allows access to the personal records of any person without that person’s knowledge. Given this, the risks to the participants of such a data breach are significant, you should note this here and you must explain the data storage in the informed consent. For example, this requirement may differ depending on whether the survey is anonymous and/or the survey topic sensitive or not.be retained and the plans for disposal of records/data. |

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| **6. Benefits** |
| What are the likely benefits of the research to a) the researcher, b) the participants, and c) the research community and society, at large, that would justify asking people to participate? |

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| **7. Signatures** | | |
| I/We, the undersigned, certify that (a) the information contained in this application is accurate; (b) that conduct of the proposed research will not commence until ethical certification has been granted; (c) that the Research Ethics Board will be advised of any revisions to the protocol arising before or after ethical certification is granted. Conduct of research using human subjects that has not received ethics certification is a breach of university policy on integrity in scholarly activity. | | |
| Principal Investigator’s signature: Date: Co-applicant’s signature: Date: | | |
| **Supervisor’s Signature:** I have been involved in the preparation of this application, and agree with the information it contains.  Supervisor’s Signature: Date:  **\*\*Students: Supervisor Signature is required for all student applications.** | | |
| **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 form that will be distributed to each participant.  If a written consent form is not used, a detailed explanation of alternative procedures is required (see section 4.4) plus one or more of the following:   * A script to be used to obtain verbal consent (e.g. telephone surveys), containing equivalent points covered by a written consent form * A covering letter, containing the equivalent points covered by written consent, for totally anonymous mail out questionnaires | ☐ | ☐ |
| Copies of questionnaire(s), sample questions or thematic overview, interview guide, etc | ☐ | ☐ |
| Your recruitment notice, advertisement, and/or information sheet as well as that used by a sponsor or supportive organization, as may be applicable | ☐ | ☐ |
| Documents or information specific to or requested by a potential sponsor or support organization. | ☐ | ☐ |
| Completed and signed application for review. | ☐ | ☐ |
| TCPS 2 CORE Certificate of the principal investigator (or supervisor for student projects) | ☐ | ☐ |

Revised October, 2024