* This form should be completed prior to conducting research with Perley Health residents, patients, clients, tenants, families/caregivers, volunteers and/or staff.

**Application to Conduct Research at Perley Health**

* Applications will be reviewed and appropriate departments/stakeholders will be consulted.
* Research must align with the Tri-Council Policy Statement (TCPS 2): Ethical Conduct for Research Involving Humans and all policies set out by Perley Health.
* Proof of ethics approval by a recognized Research Ethics Board (REB) is required prior to the commencement of on-site research activities.
* For questions about the form or the review process, please contact Michaela Adams ([madams@perleyhealth.ca](mailto:madams@perleyhealth.ca), 613-526-7170 x 2425)

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| --- | --- | --- |
| **Part 1:** To be completed by Researcher or Student | | |
| **Overview of Request** | | |
| Researcher/Student Name(s) and contact information  (For students, include name and contact information for supervisor) |  | |
| Institution |  | |
| Department/Faculty |  | |
| Name of Project |  | |
| Target Population (i.e. LTC residents, assisted living clients, caregivers, etc.) |  | |
| Anticipated Number of Participants |  | |
| Record of REB Approval (send copy of approval when available) |  | |
| REB Approval Status |  | |
| Anticipated Start Date |  | |
| Anticipated End Date |  | |
| **Project Details** | | |
| Describe the project in 150 words or less. (This description will be used to promote/advertise the study). | | |
| Describe the purpose of the project. | | |
| Describe the methodology and recruitment process. | | |
| Who will be interacting with participants? | | |
| How often will the interaction take place? | | |
| Will the interaction take place in-person or virtually? | | |
| What data will be collected and how will it be stored? Who will have access? | | |
| What are the key benefits to participants? | | |
| Are there any foreseeable risks? How will these risks be mitigated? | | |
| Describe any in-kind support that is being requested from Perley Health? | | |
| Is there funding to support any direct costs that may be incurred by Perley Health? What is the source of this funding and the amount being allocated? | | |
| Describe how the results of the project will be disseminated. | | |
| Do you agree to share final reports, publications or other materials resulting from the project? | | |
| Do you agree to acknowledge the involvement of the Perley Health Centre of Excellence in knowledge translation and/or public relations activities, as appropriate? (i.e. publications, social media posts, etc.). | | |
| Comments: | | |
| **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: ­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| **Part 2:** To be completed by the Centre of Excellence | | |
| The project aligns with Perley Health’s values/vision/research priorities. | | Yes □ No □ |
| The risks to participants have been identified and mitigation strategies are in place (safety, privacy, dignity, well-being etc.). | | Yes □ No □ |
| The impact on stakeholders has been assessed and is considered manageable. | | Yes □ No □ |
| Other resources implications have been assessed and are considered manageable. | | Yes □ No □ |
| REB certificate provided | | Yes □ No □ |
| Affected stakeholders have been consulted and are supportive of the project. | | Yes □ No □  Stakeholders consulted:  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_ |
| Approval to Proceed with Project (pending ethics approval) | | Yes □  Yes, pending amendments (below) □  No □ |
| Issues to be addressed before the project may proceed.  Check all that apply:  □ Ethical  □ Logistical  □ Resources  □ Methodological  □ Timing  □ Other | | Describe next steps required to resolve issue: |
| **Authorized person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **Date: ­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |