

Application to Conduct Research at Perley Rideau

- This form should be completed prior to conducting research with Perley Health residents, patients, clients, tenants, families/caregivers and/or staff.
- 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 Nikita Rayne (nrayne@perleyhealth.ca, 613-526-7170 x2232)

Part 1: To be completed by Researcher or Student

Overview of Request

Researcher/Student Name(s) and contact information (For students, please also 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 # of Participants	
REB of Record (please send copy of approval when available)	
REB Approval Status	
Anticipated Start Date	
Anticipated End Date	



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Project Details
Please describe the purpose of the project.
Briefly 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?
Briefly describe how the results of the project will be disseminated.



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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:
Project Details	
The project aligns with Perley Health 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: _____ Name:_____ Date: _____
Approval to Proceed with Project (pending ethics approval)	Yes Yes, pending amendments (below) No



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<p>Issues to be addressed before the project may proceed. Check all that apply:</p> <ul style="list-style-type: none"><input type="checkbox"/> Ethical<input type="checkbox"/> Logistical<input type="checkbox"/> Resources<input type="checkbox"/> Methodological<input type="checkbox"/> Timing<input type="checkbox"/> Other	<p>Please describe next steps required to resolve issue:</p>
<p>Authorized person: Signature:</p>	<p>Date:</p>

Submit by Clicking the Yellow Box Below or save PDF and email to: nrayne@perleyhealth.ca