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## Application to Involve Human Participants in Research

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### SUBMISSION

Please send this form and accompanying attachments to REB Office Personnel at [REB@nbcc.ca](mailto:REB@nbcc.ca). Questions about ethics review requirements and applications should also be sent to [REB@nbcc.ca](mailto:REB@nbcc.ca).

### SCOPE AND LIMITATIONS

Anyone planning to conduct research involving human participants under the auspices of NBCC must submit the research activity for ethics review.

All researchers are responsible for reading and understanding NBCC's [Ethical Conduct of Research Involving Humans Policy \(3303\)](#) and [Research Ethics Application Procedure \(3303.4838\)](#), which explain ethics review requirements.

For eligible course-based projects, please use the [Faculty Application to Involve Human Participants in Course-Based Research \(3303.4672\)](#).

Projects that have already been approved by an eligible external Research Ethics Board may be reviewed using the [Ethics Multi-Jurisdictional Research Form \(3303.4672\)](#).

All remaining research projects involving human participants must use this form.

### GENERAL INFORMATION

1. Project Title	
2. Form Submission Date	

### INVESTIGATOR INFORMATION

3.	Name & Position Title	Program/Dept.	NBCC Campus or External Organization Name	Email Address
Principal Investigator (PI):				
Co-Investigator(s):				
Other Investigator(s):				

*Please add rows as needed.*

### PROPOSED DATE

4.	YYYY-MM-DD
Start Date (when PI expects to start interacting)	

with human participants, including recruitment). <i>Note: allow 4–6 weeks for review.</i>	
End date (when PI expects interaction with human participants to be complete—including feedback or follow-up).	

## LOCATION(S) WHERE THE RESEARCH WILL BE CONDUCTED

5. Please check all that apply.

- Fredericton
- Miramichi
- Moncton
- Saint John—Allied Health
- Saint John—Grandview
- St. Andrews
- Woodstock
- Other location (please specify site):

## FUNDING

6. What is the funding status of this project?

- Funded: I have received a grant or other funding to complete this study.
- Potentially funded: I plan to submit a grant application/request funding.
- Potentially funded: I have submitted a grant application/requested funding.
- Unfunded: I am not pursuing funding for this study at this time.
- Unfunded: I do not foresee the need for funding for this study.

7. If **funded or potentially funded**, please indicate (as applicable):

Agency or sponsor (funded or potential):	
Funding start date:	
Funding end date:	

## PARTNERS, CLIENTS, OUTSIDE AGENCIES

8. Identify outside agencies that will be involved in the research activity (e.g., companies, community organizations, government departments, school districts, hospitals, Indigenous communities).

## CONFLICT OF INTEREST

9. Will any members of the research team, their partners and/or immediate family members receive any personal benefits in connection with or as a result of this study (e.g., direct or indirect payments like intellectual property rights, share ownership and stock options, or opportunities like employment, contracts, or board membership)?

- Yes

No

10. If **yes**, please describe the personal benefits below. (Do not include conference and travel expense coverage, possible academic promotion, or other benefits that are integral to the general conduct of research.)

11. Are you aware of any other real, perceived, or potential conflicts of interest connected to this project (e.g., conflicts with institutional roles and responsibilities, bias due to outside affiliations of research team members, or faculty members who may be responsible for grading participants)? See TCPS 2 2022 7.2.

Yes

No

12. If **yes**, please explain the nature of any apparent or potential conflicts of interest and, if applicable, plans in place for managing those conflicts.

13. Is there potential for the research findings to be commercialized (i.e., used to gain financial benefits, e.g., sale of developed products or services, development of marketing plans for a product or service, etc.)?

Yes

No

14. If **yes**, please explain.

## **SUMMARY OF THE PROPOSED RESEARCH**

15. Briefly describe the purpose or rationale of the study.

16. List the research question(s) or objective(s).

17. What new knowledge is anticipated as an outcome of the study?

18. What are the potential benefits of this research?

## **METHODOLOGY**

19. What data collection methods will be used? (Check all that apply.)

Experiment(s)

Focus group(s)

Formal Interviewing

Informal Interviewing

Ethnographic Participant Observation

Another Method of Observation

- Social Media Monitoring
- Oral Story telling
- Story writing
- Survey(s) and/or questionnaire(s)
- Visual art-making or visual methodology
- Other (please specify):

*Note: Attach a copy of all questionnaire(s), focus-group questions, interview guides, or other test instruments. These should be on NBCC letterhead if they are intended for public distribution.*

20. Describe the data collection methods checked above in detail, explaining how they will be implemented (*details should include anticipated time commitment to participants, if data collection includes audio/video recording, and workplan schedule/timeline for more complex projects*).

21. If this study involves collecting sensitive information (e.g., experiences of trauma, loss, illness, or increased harm) or participation by people who are vulnerable due to social/economic inequality and exclusion, please provide details on the researcher’s experience and training in dealing with these factors.

## RISK

*Research is defined as “minimal risk” when the probability and seriousness of possible harms resulting from participation are no greater than those encountered by participants in the parts of their everyday life related to the research topic.*

*Even minimal risk studies can pose a risk for participants. When answering the questions below, consider all parts of the research process (including recruitment methods, data collection, and sharing results), participants’ economic and social circumstances (e.g., stigma, isolation, discrimination), and their physical, mental, and spiritual health.*

*If you aren’t sure how to assess the nature or level of potential risk, please review Chapter 2 of the TCPS 2 on Concepts of Risk and Potential Benefits.*

22. Indicate if the participants might experience any of the following risks:

Risk	Yes	No
Physical risks (including any bodily contact or administration of any substance)		
Psychological risks (including feeling demeaned, embarrassed, worried, or upset)		
Social risks (including possible loss of status, reputation, or privacy)		
Economic risks (including incurring expenses, loss of incentive)		
Academic risks (including loss of bonus marks or course standing)		
Potential access to personal data		

23. Describe potential risks to participants. Explain how those risks will be managed and why alternative approaches cannot be used.

24. Does this research pose more than minimal risk to participants?

Yes

No

25. Explain your assessment of the level of risk.

## RESEARCH PARTICIPANTS

26. Anticipated number of research participants.

*Note: If you do not have a specific or approximate number in mind, provide estimates of the minimum and maximum number of expected participants. Be sure to include numbers/descriptions for each potential subgroup of participants who may be involved in your project (children, adolescents, college students, adults, seniors, etc.).*

27. What criteria will be used for participant selection/exclusion and how will they be applied?

28. Type of research participants:

Competent adults

Adults with a decreased capacity to consent (severe mental disability, infirm, etc.)

Children

Other (please specify):

29. Are you seeking to recruit Indigenous People as research participants?

*Note: If you are recruiting from the general population (of which Indigenous People may constitute a part of that population) you should choose "no." If you are specifically recruiting Indigenous Peoples as research participants in your study, you should choose "yes."*

Yes

No

30. If you intend to recruit participants from populations the TCPS indicates warrant special consideration, what specific procedures will be used to ensure the project meets this requirement? (E.g., practices that acknowledge power imbalances, existing vulnerabilities, and cultural differences.) *Note: When applicable, your answer may reference an attached Data Management Plan.*

## RECRUITMENT

31. Describe how you plan to recruit participants.

*Note: Attach a copy of all recruitment materials (e.g., posters, emails, digital posts.)*

32. How will you inform interested participants if they do not meet the selection criteria?

33. Will participants receive compensation for participation?

Financial  Yes  No

Non-financial  Yes  No

34. If **yes to either**, please provide details.

35. Will participants include students of the PI or of other research team members?

Yes

No

36. Describe how participants will be recruited in a way that will not be coercive (e.g., in circumstances where participants know the researcher, the researcher or partner is their health care provider, or an employer/local group are involved in recruitment). See TCPS 2 Article 3.1 concerning voluntariness. If participants include students and academic rewards are to be used, give details of alternative means of achieving equivalent rewards.

## INFORMED CONSENT

37. How will the nature of the research be explained to potential participants? See TCPS 2 Chapter 3.

*Note: Attach a copy of the information letter or script to be used.*

38. How will participants communicate their agreement to participate?

Written consent

Oral consent

Both written and oral consent

*Note: Attach copy of consent form to be used.*

39. Describe the process you will use when obtaining consent to participate, including how much time participants will have to decide after being informed about the study (e.g., no time, 1 hour, 1 day, 1 week, etc.). See TCPS 2 Article 3.2.

## WITHDRAWING FROM THE STUDY

40. How will participants be advised of their right to withdraw?

41. Will compensation/inducements still be offered if a participant withdraws?

42. What will you do if a participant withdraws?

43. Is there a point at which participant data can no longer be removed (e.g., post-anonymization)?

- Yes
- No

44. If **yes**, please explain.

## DECEPTION

45. Does this study use misdirection, partial disclosure, or deception?

- Yes
- No

46. If **yes**, please explain why deception is necessary and whether alternatives to deception were considered.

## PARTICIPANT PRIVACY RIGHTS AND DATA SECURITY

47. Please check all types of information you intend to collect about participants:

- Direct identifiers: data that can be used to identify a participant (e.g., full name, medical record number)
- Indirect identifiers: data that, when combined, could be used to identify a participant (e.g., Date of Birth plus address)
- Information of a personal or sensitive nature
- None of the above

48. In the table below, check all types of identifiable information you intend to collect and, for each, indicate why it is required for the proposed project.

Identifier	Why is this identifier necessary?		
	Identified research purpose	Contact information purpose	Other (please specify)
<input type="checkbox"/> Full name			
<input type="checkbox"/> Partial name			
<input type="checkbox"/> Initials			
<input type="checkbox"/> Student/Employee number			
<input type="checkbox"/> Social Insurance Number			
<input type="checkbox"/> Health Card Number			
<input type="checkbox"/> Medical Record Number			
<input type="checkbox"/> Address			
<input type="checkbox"/> Full Postal Code			
<input type="checkbox"/> Partial Postal Code			
<input type="checkbox"/> Telephone Number			

<input type="checkbox"/> Email address			
<input type="checkbox"/> Physician			
<input type="checkbox"/> Date of Birth			
<input type="checkbox"/> Age			
<input type="checkbox"/> Gender Identity			
<input type="checkbox"/> Other (please specify)			

49. Will you be seeking a waiver of confidentiality from participants?

- Yes  
 No

50. If **yes**, please explain.

*Note: Attach a copy of the confidentiality waiver documentation you will use.*

51. What measures will be taken to ensure data security and protect participant privacy rights? Check all that apply:

- De-identification of data (identifiers removed and replaced by a code that can re-identify participants)  
 Anonymization of data (identifiers removed with no code used)  
 Files and equipment kept in a locked and secured area  
 Password-protected files and computer equipment (including external/portable storage devices)  
 Destruction of hard-copy data (e.g., interview transcripts)  
 Research Assistant/Transcriber Confidentiality Agreements  
 Storing data on a secure server  
 Use of data encryption software  
 Use of pseudonyms  
 Other (please specify):

52. Provide additional details about your strategies for data security and protecting participants' privacy (e.g., timelines/methods for data destruction, third party software services you will use, special handling procedures for sensitive information). See TCPS 2 5.3.

*Note: a Data Management Plan may be attached in lieu of a summary.*

*Note regarding online surveys: if online surveys will be used for data collection, the research team must ensure that the service used is secure. Data sent to the United States or uploaded to American servers (e.g., Survey Monkey) is open to access by American regulatory bodies. NBCC staff and students should use the Microsoft Forms program with their college email or explain why they are unable to do so.*

## RESULTS

53. How do you intend to share your results? (check all that apply)

- Directly to participants  
 Report delivered to the project client/partner

- Class presentation
- Published article
- Conference presentation
- Internet (e.g., podcast, college website)
- Other (please specify):

54. If you indicated you will share research results directly with participants, how will this be done?

55. What opportunities (if any) will participants be offered to provide feedback and/or correction on their data?

56. Explain what risks to participant privacy these methods for obtaining feedback and/or sharing results could cause and what strategies you will use to address these concerns.

## LIST OF ATTACHMENTS

*Please indicate the attachments submitted in support of this application*

- TCPS 2: CORE-2022 Certificate of Completion for the applicant (unless already on file with NBCC's College Office of Research Enterprise)
- Recruitment materials (Posters, emails, templates for social media posts)
- Information letter for participants
- Consent form
- Waiver of confidentiality
- Script of oral explanation given to participants
- Survey / Focus group / Interview / etc. questions
- Debriefing script / feedback given at end of survey
- Data Management Plan
- TCPS 2: CORE-2022 Course on Research Ethics Certificate(s) of Completion for all additional research team members listed on the application (unless already on file with NBCC's College Office of Research Enterprise)
- Any other relevant research instruments or materials (please list below)

## SIGNATURE

I affirm that this application fully and accurately describes all planned research activities involving human participants. As applicant, I will ensure that none of these activities are commenced (by myself or other team members) before receiving documentation of approval or exemption from the NBCC Research Ethics Board.

Principal Investigator Signature:

Date:

