

SURREY PLACE

Research Ethics Board Application for Studies Involving Human Participants

Are you applying for delegated review?

- Yes
- No

If this proposal is to be considered for delegated review, please indicate which of the criteria you feel your study meets (see *Delegated Review Criteria* document on website):

- Participation is restricted to staff **AND** managers of Surrey Place Centre staff targeted for recruitment are not investigators or collaborators on the project
- Study is a self-administered survey that presents minimal risk to participants **AND** recruitment procedures are restricted to general web or paper postings

Please complete this checklist before submitting your application

- Surrey Place Centre REB Application form with **appropriate signatures**
- Copy of completed Research Planning Form attached with **appropriate signatures**
- Full proposal (including literature review)
- Consent Forms
- Information letters, posters, advertisements, etc.
- Questionnaires, surveys, measures etc.
- Approval letters from other Research Ethics Boards (if applicable)
- Project involves participants from Surrey Place Centre only
- Project involves participants from several agencies
- Project has already commenced or has ethical approval at other agencies/locations

Submission Instructions

Applications may be submitted by email to: reb@surreyplace.ca

Signature sheets may be mailed (see address below) or faxed to: 416-925-3402
c/o Katinka English, Research Ethics Board Coordinator

Please note that the application will not be reviewed until signature sheets and all appropriate materials are received.



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In some cases emailing of certain materials may not be possible. If this is the case please send copies of this material to:

Katinka English, Research Ethics Board Coordinator
Research Unit
2701-777 Bay Street
Toronto, ON, M5G 2C8

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SECTION 1: General Information

1. Full Study Title	
2. Investigator Information	
<u>Primary Investigator</u>	Name:
Position:	Department/Program:
Email:	
Institution/Agency:	Signature:
<u>Co-Investigator</u>	Name:
Position:	Department/ Program:
Email:	
Institution/Agency:	Signature:
<u>Co-Investigator</u>	Name:
Position:	Department/ Program:
Email:	
Institution/Agency:	Signature:
<u>Surrey Place Centre Sponsor</u>	Name:
Position:	Department/ Program:
Email:	
	Signature:
This project has been approved by the Surrey Place Centre investigator's manager:	
Yes	
No	

These signatures confirm that the co-investigators have read the proposal and agree to participate in the research described in this application. If there is a need to list more co-investigators/sponsors than space provides, please send us an additional page with their signatures and contact information. If submitting by e-mail, an electronic copy of this page should accompany the application. A copy with signatures **MUST BE RECEIVED** before the Surrey Place Centre REB will approve the application.

Investigators and sponsors agree to act in accordance with all of Surrey Place Centre's research policies and procedures. Any conflicts of interest and/or changes made to this project (including but not limited to: time commitments of Surrey Place Centre staff, Surrey Place Centre resources required, methods and procedures, risks to participants) will be disclosed to the Surrey Place Centre investigator/sponsor's manager and director, and to the Surrey Place Centre REB. All research projects must include a permanent employee of Surrey Place Centre as an investigator or sponsor.

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OFFICE USE ONLY

REB ID Number:

3. Primary Contact Person	
Name:	Address:
Role in Study:	Email:
Telephone #:	Fax #:
4. Study Period:	
Projected Start Date (dd/mm/yy):	Projected End Date (dd/mm/yy):
5. Conflicts of Interest	
Please outline any actual, perceived, or potential conflicts of interest relating to this study:	
6. Funding	
Funding Source:	
Funding Period:	Amount: \$
7. Other Ethics/Scientific/Scholarly Reviews	
Has this proposal been approved by the research ethics board(s) of any other institutions/agencies? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name of institutions/agencies:	
Date of review (dd/mm/yy): (Please attach copies of any approval letters)	
8. Study Status	
Is the study currently in progress in other agencies/locations? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, where?	
9. Academic Requirements of Proposed Research	
Is this research being carried out as part of a dissertation, thesis or other academic course requirement? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please Specify:	

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<p>If yes to the above, has the academic supervisor and committee approved the proposal? Yes <input type="checkbox"/> No <input type="checkbox"/> (Please attach relevant documentation, such as approval signature forms)</p>
<p>Name of academic supervisor: Contact Information:</p>

SECTION 2: STUDY SUMMARY

<p>1. Rationale and Objectives of Study</p> <p>Please use simple language. Do not refer to appendix, grant, or other material.</p>
<p>2. Participants</p> <p>Please describe the participants (including inclusion and exclusion criteria), rationale for sample size and power calculations if applicable:</p>
<p>Please describe the considerations leading to either your proposed control group or the lack of one:</p>
<p>How many participants do you plan on recruiting from Surrey Place Centre?</p>
<p>3. Recruitment Procedures at Surrey Place Centre</p>
<p>Identification of Potential Participants at Surrey Place Centre: This section (a-c) is only</p>



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relevant if researchers are planning to compile a list of potential participants to which they can directly distribute information. If participants are only responding to general postings or Surrey Place staff are distributing study information to clients without providing names or contact information to the researchers/sponsors, then please skip to the next section. Please answer all questions in relevant boxes.

a. Will potential participants be identified using the Surrey Place Centre data system? Yes No
If so, who will make the request?

What information will be requested?

Who will receive and have access to the information generated from the data system?

What additional screening prior to first contact with potential participants will occur?

b. Will clinicians at Surrey Place Centre provide information about potential participants to investigators or Surrey Place staff supporting the project? Yes No

What Surrey Place Centre programs will these clinicians work for?

What information will be requested?

Who will receive and have access to this information?

c. Will there be other methods of identifying participants not mentioned above? Yes No
If so, please describe:

First Contact With Potential Participants at Surrey Place Centre - please attach all information letters, flyers, cover letters, etc.

a. How will potential participants from Surrey Place Centre be informed of this study? (e.g., clinicians at Surrey Place Centre will pass on information to participants, participants will respond to postings, participants will be mailed/emailed information). If clinicians are passing information along to potential participants please provide a script.

Note: cold calling, i.e. calling participants without first sending them a letter is not allowed.

b. Describe any additional recruitment procedures that follow the initial contact with participants (e.g., follow-up phone calls, additional mailings):

Who will make these calls?

Please provide scripts if follow-up calls are to be made.

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<p>c. Is there a pre-existing relationship between the person contacting potential participants and the participants themselves? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please describe:</p>
<p>4. Consent Procedures (Please attach consent/assent forms)</p> <p>If recruiting in other centres/agencies, are you able to change your consent forms to meet Surrey Place Centre specification? Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/></p> <p>If no, please explain:</p>
<p>What are the procedures for obtaining free and informed consent?</p> <p>What supports or procedures will be in place to assist participants who will require help, such as adults with DD, through the consent process?</p>
<p>Who will be obtaining consent?</p>
<p>Is there a pre-existing relationship between the person obtaining consent and potential participants? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please describe:</p>
<p>Will assent be obtained from clients who cannot consent? Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/></p> <p>Please explain and provide relevant forms:</p>
<p>If consent or assent will not be sought please explain why:</p>
<p>5. Measures</p> <p>Please describe the measures being used:</p>
<p>6. Study Design and Procedures</p> <p>Please describe the design and procedures:</p>

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What procedures will be carried out in the study that are NOT considered part of the standard care of clients?

How will you address the needs of families who have English as a second language who wish to participate in the study?

7. Data Analysis

Please describe the proposed data analysis:

8. Confidentiality and Handling of Sensitive Information

How will privacy and confidentiality be protected?

Data Storage and Destruction

Where will *paper* records be kept?

Will *paper* records retain identifying information?

How long will the *paper* records be kept?

How will they be secured?

Who will have access to the records?

Will they be used for purposes other than this research? If so, what?

How will they be destroyed?

Where will *electronic* records be kept?

Will *electronic* records retain identifying information?

How long will the *electronic* records be kept?

How will they be secured?

Who will have access to the records?

Will they be used for purposes other than this research? If so, what?

How will they be destroyed?

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9. Risks and Benefits
Please describe any potential harm to participants:
Please describe any potential discomfort/inconvenience to participants:
Where potential harm or major discomfort may occur, please describe the proposed monitoring mechanism for adverse events:
What action will be taken and/or what supports will be available if participants experience harm or major discomfort (e.g., physical harm, high levels of stress or upset) as a result of study procedures?
Please describe the potential benefits the participants themselves may experience:
Please describe the potential long-term benefits of the study to services or people with developmental disabilities in general:
10. Results
How will the results be disseminated?