REQUEST FOR ETHICAL REVIEW

CLEAR FORM

The information collected on this form will be used to assess your request for ethical review in compliance with the Tri-Council Policy Statement on Ethical Conduct for Research Involving Humans (TCPS2) and will be shared with the VCC Research Ethics Board, its administration, and consultants as described in VCC Policy 420 and procedures.

Please submit this form and supporting documents to the chair of the REB at rebsupport@vcc.ca.

The detailed instructions for this form, additional contact information, and guidelines are available at https://www.vcc.ca/about/college-information/research-at-vcc/.

	FOR ADMINISTRATIVE USE ONLY	
	REB Number	Date Received

1. Principal Investigator (or primary contact if student project)	2. Direct Supervisor (serves as Principal Investigator if student project)	3. VCC Contact (if investigator external to VCC)
Degree(s)/Position	Degree(s)/Position	Degree(s)/Position
Institution	Institution	Institution
Faculty/Department	Faculty/Department	Faculty/Department
Mailing Address	Mailing Address	Mailing Address
Phone	Phone	Phone
Email	Email	Email
Signature	Signature	Signature

4. Title of project (Title, PI name and institution, and funding may be listed in public report to Board of Governors)

5. Research is:	6. Source of Funds (Attach budget in Appendix A)	7. Project Period (enter "approval" for start if no delay)
☐ Behavioural ☐ Clinical		Start Collection Estimated End Date

8. Indicate the institutions where the research will be carried out. Note: If any locations or collaborators are at other post-secondary institutions or health authorities in BC, you will use UBC RISe instead of this form.

☐ VCC ☐ Other:

9. Where will the project be conducted (room or area)? Please provide documentation of approval if outside VCC.

10. Research for graduate or undergraduate degree?	11 Commercialization, conflict of interest or financial interest?
☐ Yes ☐ No	☐ Yes ☐ No
If yes, submit dissertation or thesis acceptance letter in Appendix D.	If yes, please complete Box 23.1.
12. Minimal risk? Please consider participant vulnerability and include justification in research plan (Appendix E)	13. Coordinated or harmonized review? If submitted to any other REB, please attach details or approval.
☐ Yes ☐ No	☐ Yes ☐ No

14. CO-INVESTIGATORS AND STUDENTS (If applicable; if more than three, please include these details for each in Box 14.4 or attachment)

14.1 Name	Degree(s)	Position
Institution	Faculty / Department	Division
Role in Project		

14.2 Name	Degree(s)	Position
Institution	Faculty / Department	Division
Role in Project		

14.3 Name	Degree(s)	Position
Institution	Faculty / Department	Division
Role in Project		

14.4 What are the research qualifications of all those conducting the study? Describe relevant training, experience, and/or courses. Please note that all research personnel should have completed the TCPS2 tutorial (CORE). Include TCPS2 certificate of Principal Investigator in Appendix K.

15. SUMMARY OF OBJECTIVES AND PROCEDURES

15.1 Summary of purpose and objectives of project.

15.2 How will you accomplish the purpose and objectives described previously? If applicable, please provide details of peer review, including names of committees or individuals who have reviewed the methodology. If your study involves deception, you must also complete the page in this application titled 'Deception Form'. **All submissions should include a copy of the research plan or protocol in Appendix E.**

15.3 Will your project use (please attach in Appendix F):

☐ Questionnaires/surveys (submit a copy) ☐ Interviews (submit a copy of questions) ☐ Observations (submit a brief description)

☐ Tests (submit a brief description) ☐ Other screening or data collection forms (submit a copy)

16. RESEARCH INVOLVING INDIGENOUS PEOPLES (including First Nations, Inuit and Métis)

16.1a Will you be conducting research that is situated on any of the following kinds of lands or waterways: First Nation reserves, Indigenous settlements, Indigenous lands under self-government agreements, territories with Indigenous land claims agreements, or other lands designated by Federal, Provincial, or local governments as Indigenous territory?

☐ No ☐ Yes; provide details:

16.1b Do any of the criteria for participation include belonging to an Indigenous nation, community, group of communities, or organization, including urban Indigenous populations?

☐ No ☐ Yes; provide details:

16.1c Does the research seek input from participants regarding Indigenous cultural heritage, cultural practices, artifacts, Indigenous or traditional knowledges, or distinct characteristics of Indigenous experience or reality?

☐ No ☐ Yes

16.1d Will Indigenous identity or membership in an Indigenous community or group (e.g. Métis Nation) be used as a variable for the purposes of analysis?

☐ No ☐ Yes

16.1e Will the results of the research make specific reference to Indigenous communities, homelands and/or waterways, peoples, languages, histories or cultures?

☐ No ☐ Yes

16.2 If you answered "yes" to any of the questions in 16.1 above, please also complete this section.

16.2a Describe the process that you have followed with respect to Indigenous engagement. Include any documentation of collaboration (e.g. formal research agreement, letter of approval, email communications, advisory committee, mentorship, etc.) and the role or position of those consulted (e.g. Elder, Knowledge Holder, governing body, Chief, etc.), including their names, if appropriate.

16.2b Explain how Indigenous community members will be meaningfully involved throughout the research process, from research design to knowledge sharing. Outline the plan, as developed with the community, for the outcomes of the research, including research data ownership, sharing, storage, and governance.

16.2c If you have answered “yes” to any of the questions in 16.1 but have not yet engaged with the community, committee, organization, or group, please explain why not and outline how you plan to conduct a study that respects Indigenous communities and participants in the absence of prior engagement.

17. POWER RELATIONSHIPS

17.1 Are you or any of your co-researchers in any way in a power relationship, including dual-roles, that could influence the voluntariness of a participant’s consent? Could you or any of your co-researchers potentially be perceived to be in a power relationship by potential participants?

■ No ☐ Yes; please describe:

17.2 If you answered "yes" in 17.1, please explain why it is necessary to conduct research with participants in a power relationship, and what steps will be taken to ensure that participation is voluntary, and to minimize undue influence, coercion, or harm.

18. DESCRIPTION OF POPULATION

18.1 How many participants will be invited in total?	18.2 How many participants in the control group (if applicable)?	18.3 Minimum number of participants required for the study?

18.4. Who is being recruited, and what are the criteria for their selection?

18.5 Who will be excluded from the study and what are the criteria for their exclusion? (Note: TCPS2 discourages exclusion of participants by age, gender, or other arbitrary criteria. Please include justification for your exclusion of certain groups. Capacity to consent is not accepted as justification for inclusion or exclusion of participants.)

18.6 How are the participants being recruited? If the initial contact is by letter, email, or posted recruitment notice, attach a copy in Appendix C. If by email, please describe who will send them and the number and timing of any reminder emails. Note that the REB discourages initial contact by telephone.

18.7 If a control or normal group is involved, and their selection and/or recruitment differs from the above, provide details.

19. PROJECT DETAILS

19.1 Will the study use any of the following? (Note: May involve modifications of consent process)

- ☐ Action Research
- ☐ Data Linkage
- ☐ Ethnographic Fieldwork
- ☐ Focus Groups
- ☐ Random Digit Dialing
- ☐ Participant Pools
- ☐ Videotaping
- ☐ Autobiography/Auto-Ethnography
- ☐ Deception
- ☐ Expert Interviews (conducted by someone of authority/power)
- ☐ Naturalistic Observation
- ☐ Secondary Use of Data
- ☐ Use of Medical/Clinical Records
- ☐ None of these methods

19.2 How and where will consent be obtained? Include how participants will be approached, how much time they will have to read and consider the consent form, who will obtain consent, relationship between investigators or co-investigators obtaining consent and the participant, and whether any participants will have difficulty giving informed consent on their own behalf. Consider physical or mental condition, age, language, and other barriers. Please describe steps taken to obtain consent or assent in such cases, including who will provide consent for them. Justify any alteration or waiver to free and informed consent.

19.3 Where approval is required from other jurisdictions, groups or communities (e.g. institutions, school boards, Indigenous communities) please describe how and from whom it was obtained and attach a copy of the research agreement in question (Appendix G).

19.4 Risks. What is known about the risks of the proposed research, including any physical, social, or psychological discomfort, or incapacity the participants may experience?

19.5 Benefits. Describe any potential benefits to the participant.

19.6 Impact on Community or Organization. If your research may have a positive or negative impact on a specific community, group, or organization please describe. If the results may be critical of any community, organization, or group, participants should be informed of the possible consequences.

19.7 How much time will participants dedicate to the project? Please describe in terms of number of visits, tasks, and minutes/hours per visit/task, as applicable.

19.8 Describe any compensation offered participants, including reimbursements for expenses, meals, parking, medication, honoraria, gift cards, course credit/marks. Provide details of amounts and compensations schedules and include a description of how the compensation will be pro-rated if the participant withdraws from the study. Please see guidelines for conducting a prize draw.

20. FOR CLINICAL RESEARCH

☐ Check here if your research is behavioural and this page does not apply

20.1 Provide details of any possible side effects resulting from the experimental treatment (if applicable).

20.2 For studies involving diagnostic procedures, what are your plans to report any incidental findings to the participant?

20.3 What procedures in this project (e.g. diagnostic procedures or other treatment) involve an experimental approach differing from standard patient care? Are any of the procedures, devices or diagnostic tests used in this study still in the experimental stage? If yes, please specify and identify the known or anticipated risks.

20.4 For research involving a double-blind code, what provisions are made to break the code when needed? Who has the code?

20.5 For clinical research involving medical devices, drugs, or health products, please describe the status of approval with Health Canada and attach documentation from the Health Products and Food Branch of Health Canada.

21. DATA

21.1 How and where will the data be stored (e.g., files on computer hard drive, hard copy, videotape, audio recordings, mobile phone, etc.)? Study documents must be kept in a secure locked location and computer files should be password protected and encrypted, data should not be stored or downloaded onto an unsecured computer, back up files should be stored with same level of protection. If any data or images are to be kept on the web servers, please describe privacy security measures in place such as passwords and user agreements.

21.2 How will the confidentiality of the data be maintained? Include methods to protect the identity of participants such as anonymity, coding, pseudonyms, and anonymizing after collection or analysis.

21.3 Who will have access to the data and describe how they will be made aware of their responsibilities concerning privacy and confidentiality (e.g., attached confidentiality agreement)? Please list their names and roles (e.g., research assistant, transcriptionist, translator). If you are using an online survey, where will the data collected by the survey be stored (e.g., Canada or U.S.)?

21.4 What are the plans for future use of the raw data or biological samples beyond that described in this protocol? Will the data be kept in a database or registry for future research? How and when will the data be destroyed? Please consult institution, granting agency, and publisher policy and ensure that retention information is described in the consent form. Many require retention of data for at least 5 years after publication and clinical trial data for at least 25 years.

21.5 Will any data which identifies individuals be available to persons or agencies outside the College? If yes, who and for what purpose will the data be released? Describe any steps you will take to ensure that data released will be maintained in the same level of confidentiality.

21.6 Will participants have an opportunity to review and correct or withdraw their responses or sharing of audio/video recording/images? If so, please describe when and how this will occur.

21.7 What are the plans for feedback to the participant? Please describe your communication plan such as an invitation to send participants a summary of the results when available or invitation to a seminar. If there are any restrictions imposed on disclosure of feedback or other information to participants, including publication of results, please describe. Ensure that participants are informed in your consent form of how the research findings or their data will be distributed. If clinical, please also include in your research plan (Appendix E) procedures for disclosing material incidental findings.

22. FUNDING INFORMATION

22.1 Agency / Source of Funds:	22.2 Funds Administered By:	22.3 VCC Research Budget Account Number:
☐ Internal ☐ External ☐ Self-funded	☐ VCC ☐ Other:	Status: ☐ Awarded ☐ Pending

22.4 Was funding peer reviewed: ☐ Yes ☐ No If no, please explain

22.5 Copy of funding application included in Appendix H	22.6 Funding Start Date	22.7 Funding Finish Date
☐ Yes ☐ No		

23. CONFLICT OF INTEREST DECLARATION

23.1 If any of the following apply, please explain how the conflict will be avoided or managed: 1) Hold patent rights or intellectual property rights linked in any way to this study or its sponsor, 2) Receive personal benefits in connection with this study (e.g., paid by funder for consulting), 3) Non-financial relationship with the sponsor such as unpaid consultant, advisor, board member or other non-financial interest, or 4) Have direct financial involvement with the sponsor such as ownership of stock, stock options, or membership on a Board.

24. CONSENT CHECKLISTS

24.1 Who will consent?

- ☐ Participant
- ☐ Parent or guardian. (Written parental consent is always required for research in K-12 and an opportunity must be presented either verbally or in writing to the students to refuse to participate or withdraw. Submit a copy of what will be written or said to the students.)
- ☐ Agency officials

24.2 In the case of projects carried out at other institutions, the REB requires written proof of agency consent. Please specify below:

- ☐ Research carried out at a hospital – approval of hospital REB.
- ☐ Research carried out at a school (K-12) – approval of school board and/or principal. Exact requirements depend on individual school boards. Check with school boards for details.
- ☐ Research carried out in a provincial health agency – approval of Deputy Minister.
- ☐ Other – specify:

24.3 The REB requires documented consent in all cases. Please check each item in the following list before submission of the consent form in Appendix G to ensure that the written consent form that you attach to your application contains all necessary items. Please see posted guidelines for more detailed information and a template.

- ☐ VCC letterhead.
- ☐ Title of the project.
- ☐ Identification of investigators, including a telephone number. Research for a course or graduate thesis should be identified as such and the name and telephone number of the faculty advisor included.
- ☐ Brief but complete description of the purpose of the project and of all procedures to be carried out in which the participants are involved. Indicate if the project involves a new or non-traditional procedure, device, therapy, or therapeutic. Your description should be written at a level of language and detail that someone with a Grade 8 education and no prior knowledge of your project could understand.
- ☐ Explanation of why they are being invited to participate, including inclusion and exclusion criteria (in list form)
- ☐ Description of the activities or procedures, including the total amount of time that will be required of a participant.
- ☐ A description of the risks and benefits of participation in the project.
- ☐ A description of how study results will be reported, future use of the data, potential public access to the data, and statement that once made public, data cannot be withdrawn.
- ☐ Assurance that the identity of the participant will be kept confidential and description of how this will be accomplished, i.e. describe how records in the principal investigator's possession will be coded, kept in a locked filing cabinet, or encrypted and password-protected if kept on a computer hard drive. In the case of printed questionnaires, a statement discouraging participants from writing their name or other identifying information.
- ☐ Description of any funding and actual or potential conflict of interest regarding possible benefits from commercialization of research findings.
- ☐ Details of compensation, if any, to be offered to participants, including any pro-ration for partial participation.
- ☐ An offer to answer any inquiries concerning the procedures to ensure that they are fully understood by the participant and to provide debriefing, if appropriate.
- ☐ A statement that if they have any concerns about their rights or treatment as research participants, they may contact the REB Chair, (insert name), at (insert phone number) or **rebsupport@vcc.ca**
- ☐ A statement that they have read and understood the information in the consent form dated [include date of REB approved ethics form] and have had the opportunity to ask questions.
- ☐ A statement of the participant's right to refuse to participate or withdraw at any time (e.g., "It is up to you to decide whether or not to take part. If you do decide to take part, you will be asked to sign this consent form. After signing the consent form and after starting participation you are still free to leave the study at any time without any consequences and without giving any reason.").
- ☐ A statement that withdrawal or refusal to participate will not jeopardize further treatment, medical care or influence class standing, as applicable. **Note:** This statement must also appear on letters of initial contact.
- ☐ A statement acknowledging that the participant has received a copy of the consent form including all attachments for the participant's own records.
- ☐ A statement that the participant is consenting to participate by signing or by completing the survey/questionnaire.
- ☐ A place for printed name and signature of participant and a place for the date of the signature.
- ☐ If applicable, a place for the signature, printed name and date for each of these people: the research participant, the witness, and the person who explained or obtained consent. If applicable, also include the parent/guardian and/or translator.
- ☐ Consent forms that include parental consent contain a statement of choice providing an option for refusal to participate, e.g. "I consent / I do not consent to my child's participation in this study." Also, written or verbal consent (or assent) must be obtained from the child, after the parent has consented.

25. QUESTIONNAIRES TO BE COMPLETED BY PARTICIPANTS

25.1 Questionnaires should contain an introductory letter which includes the same information contained in a consent form (See Box 24.3) with the addition of:

Please check each item in the following list before submission of this form to insure that your questionnaire contains all the required elements.

- ☐ The statement that if the questionnaire is completed it will be assumed that consent has been given. This is sufficient if the research is limited to questionnaires; any other procedures or interviews require a consent form signed by the participant.
- ☐ An explanation of how to return the questionnaire (if printed).
- ☐ Assurance that the identify of the subject will be kept confidential and a description of how this will be accomplished; e.g. "Don't put your name on the questionnaire.
- ☐ For surveys circulated by mail, a copy of the explanatory letter as well as a copy of the questionnaire.

26. ATTACHMENTS

26.1 Check items attached to this submission, if applicable. Incomplete submissions will not be reviewed.

- ☐ Budget (Appendix A)
- ☐ Industry Service Agreement (Appendix B)
- ☐ Letter of initial contact (Appendix C)
- ☐ Advertisement for volunteer participants (Appendix C)
- ☐ Recruiting letters from third parties (Appendix C)
- ☐ Dissertation or thesis board acceptance letter (Appendix D)
- ☐ Research plan (Appendix E)
- ☐ Plan for disclosing incidental or secondary findings (Appendix E)
- ☐ Questionnaires, tests, interviews, etc. (Appendix F)
- ☐ Explanatory letter with questionnaire (Appendix F)
- ☐ Participant consent form (Appendix G)
- ☐ Control group consent form (Appendix G)
- ☐ Parent / guardian consent form (Appendix G)
- ☐ Agency consent (Appendix G)
- ☐ Confidentiality agreement for research assistants (Appendix G)
- ☐ Application for funding of funded research (Appendix H)
- ☐ Deception form, including a copy of transcript of written or verbal debriefing (see below, attach as Appendix I)
- ☐ Telephone contact form (see below, attach as Appendix J)
- ☐ Copy of TCPS tutorial certificate for Principal Investigator (Appendix K). Please keep certificates for other study personnel on file.
- ☐ Other – Specify:

26.2 Use this space to provide information which you feel will be helpful to the REB or to continue any item for which sufficient space was not available.

27. DECEPTION FORM

If your study involves deception, complete items 1 to 3. If not, skip to the next page.

27.1 Deception undermines informed consent. Indicate (a) why you believe deception is necessary to achieve your research objectives; (b) whether you think the research can be done any other way; and (c) why you believe that the benefits of the research outweigh the cost to the participants.

27.2 Outline the anticipated impacts of your deception on the participants once they have learned of it.

27.3 Describe how you will debrief participants at the end of the study.

28. TELEPHONE CONTACT FORM

If your study involves telephone contact, complete items 1 to 4. If not, you are at the end of the forms.

Phone contact makes it impossible for a signed record of consent to be kept. Indicate why you believe that such contact is necessary to achieve your research objectives.

28.2 Include a copy of the proposed 'front end' script of your telephone interview in Appendix J. Please check each item on the following list before submission of request for review to ensure that the front end covers as much as possible of the normal consent procedures:

- ☐ Identification of fieldwork agency, if applicable.
- ☐ Identification of researcher.
- ☐ Basic purpose of project.
- ☐ Nature of questions to be asked, especially if sensitive questions are to be asked.
- ☐ Guarantee of anonymity and confidentiality.
- ☐ Indication of right of refusal to answer any question.
- ☐ An offer to answer any questions before proceeding. (see below, item 3)
- ☐ A specific inquiry about willingness to proceed.

28.3 Indicate how interviewers will be trained to answer respondents' questions. Investigators should prepare and submit in Appendix J 'scripted replies', which may cover, but are not necessarily limited to:

(a) The means by which respondent was selected.

(b) An indication of the estimated time required for the interview.

(c) The means by which guarantees of anonymity and confidentiality will be achieved.

(d) An offer to provide the name and telephone number of a person who can verify the authenticity of the research project. This person shall not be a principal investigator nor shall it be a co-investigator. (**Note:** Investigators should be prepared, should potential respondents request it, to provide the name of a person outside the research group, as required of the Social Sciences Humanities Research Council guidelines.)

28.4 Sensitive Participant Matter: Respondents should be forewarned of questions they may find private, stressful or sacred. It is not always practical to do so as part of the interview's front end. Warnings can be placed later in the interview and can take a naturalistic form as long as their content specifically refers to the sensitive matter. Indicate how you propose to deal with sensitive items, if any, in your interview.