

Appendix A -Application to Conduct Research

1. IDENTIFYING INFORMATION:			Date:	
Name of Principal Researchers(s):				
Affiliated Institution/Agen	icy:			
Mailing Address:				
Home phone:	Business:	Mobile:		
Fax:		E-mail:		
Please Check All That Apply: Doctoral Thesis Masters Thesis Qualifying Research Paper Other (<i>please specify</i>): 	GHSD Employee: \	Graduate Course Institutionally functionally functionally <i>hospital</i>)	nded project (<i>e.g., university, agency,</i> Itional project	
Name of Institution		Your position:		
2. TITLE OF STUDY:				

3. Application Checklist				
Completed/Attached				
Ethics Review				
	Attach Ethics approval of the agency or institution. Certification of Ethics Approval that follows <u>TCP2</u> <u>Protocol</u> (a letter indicating that your graduate project meets the requirements for exempt status does not meet this requirement)			
	OR			
	Attach prior approval of the supervisory authority of the affiliated institution or agency OR			
	Attach Ethics Review Application (Appendix B)-In cases where ethics approval cannot be obtained through the researcher's affiliated institution, the researcher may submit to the Golden Hills School Division a Template for Ethics Review Application (Appendix B)			
Recruitment of Participants				
	Copy of the oral or written explanation that will be provided to participants before they are asked for consent to participate			
	Copy of recruitment notice, advertisement, information sheet (as well as that used by a sponsor or supportive organization if applicable).			
	Copy of the informed consent(s) that will be distributed to each participant.			
	Letter requesting participant consent			
Data Collection				
	Copy of Data collection and/or measurement instruments Including surveys and interview questions			

4. ETHICS & STUDY DESIGN.

(Please provide a copy of the signed ethics approval that meets Canadian standards (TCPS 2) for social and behavioural research with human participants **Or** GHSD Application for Ethics Review (Appendix B) with this form.

Name & Position of Supervisor or Supervising Authority:

Institution/Agency: ______Signature: _____Phone_____

(If no signed ethics approval is available please attach the application in process or submit a Golden Hills Application for Ethics Review (Appendix B)

5. Approximate time period for data collection: Preferred start date: _____ Estimated completion date: _____ **GOLDEN HILLS SCHOOL DIVISION NO. 75**

6. OVERVIEW OF RESEARCH STUDY

Provide a succinct summary of the purpose, objectives, and aims of the research. Include a brief outline of the literature review. Please use language that can be understood by a non-specialist. Up to 1 additional page may be added, if required.

7. RESEARCH METHODOLOGY

Describe the study's design and **theoretical framework** (e.g. case study, action research, self-study, phenomenology) and what will be required of the human participants. Provide a clear explanation of the **researcher's position** in relation to the study setting (e.g. insider, insider in collaboration with other insiders, outsider studying insiders).

8. DESCRIPTION OF STUDY PARTICIPANTS:

Describe who will be or who are potential participants in this study.

Name(s) of School Site(s)

Number of students and grade level(s)

Number of teachers

School or system based administrators

Other GHSD employees

9. RECRUITMENT OF PARTICIPANTS

Describe your method(s) for recruiting participants and specify who will do the recruiting. Describe how and where you will advertise your project. Describe any provisions that have been made to accommodate the participants' language. If remuneration/compensation is offered, provide details, including amount and confirm the budget provisions to meet these obligations.

- Include Copy of recruitment notice, advertisement, information sheet (as well as that used by a sponsor or supportive organization if applicable).
- If actively seeking participation by speaking to specific groups, include a copy of the text used for oral presentations.

10. Informed Consent Describe the process for obtaining informed consent. Include a copy of written informed consent form for participants with this application. (see Appendix C)
11. DESCRIPTION OF DATA, DATA GATHERING AND ANALYSIS Describe the type of data that will be gathered for this study (e.g. interviews, survey results). Describe the method for gathering and analyzing data. List all data collection and /or measurement instruments (surveys) to be used and attach copies. If study involves interviews, include a copy of questions or thematic outline of questions.
11.1 Indicate whether data will contain any personal identifying information. Researchers wishing to access student files must complete Section 12 of this document.
11.2 Describe in detail how data will be used and to whom it will be disclosed (include any research colleagues or assistants who will have access to the data).
11.3 Describe security measures, procedures and controls you propose to have in place to ensure the security and confidentiality of the data (include computer security measures and controls to prevent unauthorized access or disclosure).

12. USE OF PERSONAL INFORMATION

Note: Researchers wishing to access GHSD files containing personal information (e.g. cumulative files and school logic) must also fill in the Personal Information Agreement.

Describe, in as much detail as possible, all records to which access is requested. Access will be given only to the records listed in this application and only for the purposes approved for the research project described above. Any changes or additions to this list after the application is submitted require approval and requests should be made in writing to the Golden Hills School Division.

- **12.1** Describe, in as much detail as possible, the personal information required from the existing records or the personal information that will be collected directly from research participants
- **12.2** Describe why the research project cannot reasonably be accomplished unless the information is provided in individually identifiable form (i.e., personal information about named or identifiable individuals):
- **12.3** Describe in detail how the personal information will be used and to whom it will be disclosed (include any research colleagues or assistants who will have access to the data).
- **12.4** Describe security measures, procedures and controls you propose to have in place to ensure the security and confidentiality of the personal information (include computer security measures and controls to prevent unauthorized access or disclosure).
- **12.5** The expected period of time during which access to these records may be required and the expected period of time during which these records will be used is:
- **12.6** Describe proposed procedures and the expected period of time required for removal and destruction of individual identifiers:

13. BENEFITS TO STUDENT AND ALIGNMENT WITH GHSD GOALS AND PRIORITIES

Outline the potential benefits of this study for GHSD students, the researcher, participants (if other than students) the research community and society at large. Outline how this study aligns with GHSD goals.

14. DISSEMINATION OF RESEARCH

Feedback to system

At the conclusion of this study, the researchers are asked to send (electronically) a summary of the research project report to the Superintendent of Schools.

Anticipated date of submission is: _____

Proposed workshops, publications

Please outline potential workshops or publications that may arise from this research.

15. Terms and Conditions for Researchers: Attach:

 The Researcher is required to comply with the provisions of the Freedom of Information and Protection of Privacy Act (FOIPP AP 180) and any of the Golden Hills Board of Education policies, procedures and guidelines relating to the confidentiality of personal information that was obtained, generated, collected or provided in records requested for this study. 	Agree	Disagree
2. The Researcher will have to obtain, from all persons who will have access to personal information, a written agreement that binds them to the same conditions in the legal agreement as the Researcher.		
3. Completeness and clarity in filling out this form will assist the Golden Hills School Division in assessing this application quickly.		
4. A fee may be charged to provide the Researcher with the information requested. An estimate of the fee will be provided in advance.		
 The Researcher will not, without prior approval, include or reference the jurisdictional name (the Golden Hills School Division) or acronym (GHSD) in any report writing, course work, paper or publications. 		
 The Researcher will not, without prior approval, include or reference any Golden Hills School Division school name or identified school acronym in any report writing, course work, paper or publications. 		
7. The Researcher will not offer token compensation to GHSD students, parents or staff for participation in the proposed research.		
8. The Researcher will notify Golden Hills in writing immediately upon becoming aware that any of the conditions set out in this agreement have been breached		

16. AUTHORIZATION

Personal information contained on this form is collected under the Alberta *Freedom of Information and Protection of Privacy Act* and will be used to evaluate and administer the application to conduct a research project.

I agree that this research will be conducted according to the procedures outlined by the Golden Hills School Division and the forms and conditions for research. I agree that no Golden Hills School Division schools, staff or students will be identified in any report. I will notify the Golden Hills School Division of any presentation or publication representing the work of GHSD or identifying the GHSD prior to the event or release.

Signature of Researcher	Date	
Signature of Witness	Witness Name & Position	Date
For Golden Hills Use Only:		
The application for access to records pu	rsuant to the Freedom of Information and	Protection of Privacy Act
\Box is approved \Box is not applicable		
\Box is not approved		
The application to conduct research in C	GHSD	
\Box is approved		
\Box is not approved		
Signature of Golden Hills School Division Superintendent of Schools/Alternate	1	
	Date	
Name and position		

GOLDEN HILLS SCHOOL DIVISION NO. 75

REPLACING PROCEDURE DATED: N/A