APPLICATION FOR RESEARCH ETHICS REVIEW   
**COURSE-BASED RESEARCH**

**Instructions:** This form is for **instructors** teaching a course where independent data collection by students is involved.

If any of the following apply, then the course-based research project requires an REB review:

* The intent is to educate students on research processes used to explore and expand existing theories and conceptual knowledge.
* Students compare effectiveness of new techniques, practices, programs and standard approaches.
* Primary data is collected and organized for analysis and distribution (orally or written).
* Data is collected from person who are not members of the course.
* Data is collected from a vulnerable population (e.g. vulnerable ethnic communities or individuals, children, cognitively challenged individuals, “captive” groups).

Minimal Risk: this application is intended for use for projects that do not involve more than minimal risk (e.g., harm no greater than encountered by participants in their everyday lives); if the proposed project represents more than minimal risk, then the instructor/student will be required to submit to the full research ethics application process.

This form **is not** for honours projects, independent study projects, or other individually supervised projects. For those types of projects, students must please complete a full ethics review form.  
Please complete this form electronically. Do not leave questions blank. If a question is not applicable to your proposal, please enter N/A in the response field. Combine the application and all supporting materials into one document (e.g. questionnaires, consent forms, recruitment materials). Send application and supporting materials document (.doc or .pdf) to [ethics@yukonu.ca](mailto:ethics@yukonu.ca)

*\*Please note that your application will be returned to you for completion if all of the requirements are not met.*

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| **Course and Instructor INformation** | | | | | | |
| **Title of Assignment:** Click here to enter text. | | | | | | |
| **Course Title and Number:** Click here to enter text. | | | | | | |
| **Course Enrollment:** Click here to enter text. | | **Academic Year:** Click here to enter text. | | | | |
| **Term:** Click here to enter text. | | | | | | |
| **Course Instructor:** Click here to enter text. **Position at Yukon University:**  Choose an item. **If Other please provide details:** Click here to enter text. | | | | | | |
| **Faculty:** Click here to enter text. | | | **Department:** Click here to enter text. | | | |
| **Email:** Click here to enter text. | | | **Telephone:** Click here to enter text. | | | |
| **Have you completed the TCPS 2 Tutorial?**  **Yes  No**, expected completion date: Click here to enter a date.  *The TCPS2 Core Tutorial can be found at tcps2core.ca/welcome. Once completed, save the certificate as s PDF and attach a copy to your application. Completion of the tutorial is mandatory for all team members.* | | | | | | |
| **Partnering Institution(s):** Click here to enter text. | | | | | | |
| **Are there any other instructors on this project? (This does not include students.)  Yes  No**  If Yes, provide details below (click the 🞦 in the right corner of the table after each entry to add additional members) | | | | | | |
| **Team Member Name and Affiliation** | **Email Address** | | **Qualifications and experience** | | | **TCPS2 Tutorial completed?** |
| Click here to enter text. | Click here to enter text. | | Click here to enter text. | | | yes  No |
| Click here to enter text. | Click here to enter text. | | Click here to enter text. | | | yes  No |
|  |  | |  | | |  |
| *Please include a copy of your certificate of TCPS 2 Tutorial completion or if you have not completed this please indicate when you will complete the tutorial. All researchers conducting research with human participants and/or their data must complete the CORE Tutorial and submit a copy of their certification of completion with the application. Data collection cannot begin until the TCPS 2 Tutorial has been done by all research team members. If these are not provided please provide an explanation and dates for completion.* Click here to enter text. | | | | | | |
| **Is a course on research methods a prerequisite for students to enroll in this course?  Yes  No** | | | | | | |
| **Will students in in this course be completing the TCPS2 tutorial as part of their project requirements?**  **Yes  No** | | | | | | |
| **Start Date:**  Upon REB approval  Other: Click here to enter text. | | | | **End Date:** Click here to enter text. | | |
| **Is this form being submitted by a student?  Yes  No** | | | | | | |
| **Research Methodology** | | | | | | |
| **Is this project:**  Instructor designed (meaning that you design the full research project and all of your students are doing the same project)  Instructor guided (meaning that your students are designing their own data collection measures but you are providing guidelines for recruitment, type of measurement, procedures, data storage and disposal, and reporting of results). | | | | | | |
| **Assignment overview and purpose. Provide a brief overview of the research projects(s) and describe the purpose of the assignment (e.g. to learn and practice research techniques).**  Click here to enter text. | | | | | | |
| **Methods. Describe the project(s) that you will be requiring your students to complete (e.g., surveys, participant observation, interviews, mixed-method studies, etc.) and the types of data students will be collecting. If the research is instructor designed, attach copies of questionnaires, interview guides, or other test instruments. If the research is instructor guided, what are the specific instructions that students will be given for the design of data-collection tools and materials?**  Click here to enter text. | | | | | | |
| **How will you ensure that the methodology described for the research will be followed by the students?** | | | | | | |
| Click here to enter text. | | | | | | |
| **Recruitment of Participants and Participation** | | | | | | |
| **How many participants do you anticipate being involved in each student project (if applicable)?** Click here to enter text. | | | | | | |
| **What is the anticipated number of participants required for the class as a whole?** Click here to enter text. | | | | | | |
| **Please identify and explain any specific inclusion or exclusion criteria for participants.** Click here to enter text. | | | | | | |
| **What instructions will you provide your students about the recruitment of participants?** Click here to enter text. | | | | | | |
| **For instructor designed research, describe how and from what sources the participants will be recruited:** Click here to enter text. | | | | | | |
| **For instructor guided research, what are the specific recruitment guidelines that will be given to the students, including those for the development of recruitment materials such as posters and advertisements?’**  Click here to enter text. | | | | | | |
| **Will participants receive compensation or remuneration for their participation?  Yes  No**  **If yes, provide details (type and value of compensation/remuneration and how distributed).** Click here to enter text. | | | | | | |
| *Please note that since research participation is voluntary, participants are free to withdraw at any time. Participants who choose to withdraw should not suffer any disadvantage or reprisal, nor should any payment be withheld.* | | | | | | |
| **Which of the following recording devices will be used in this study?**  Audio  Video  Photography  None Other: Click here to enter text.  **Which activities will be recorded? Please provide justification.** Click here to enter text. | | | | | | |
| **Yukon First Nations** | | | | | | |
| Yukon University requires special consideration when research is conducted with the Yukon First Nations or their members. This section and the REB's advice is offered in the spirit of respect and is not intended to override or replace ethical guidance offered by self-governing nations themselves.  The student research will involve some Yukon First Nations members in the study but not one specific Yukon First Nation. Please indicate if you know which Yukon First Nation(s) that will be involved. Click here to enter text.  Student research will have indigenous participants but will not focus on one group specifically  Student research will not seek to recruit indigenous participants specifically  **If you are not specifically recruiting indigenous participants, are you including them if they wish to participate?**  **Yes No If no, please justify**. Click here to enter text. | | | | | | |
| **Have you consulted with either the Council of Yukon First Nations or the governing body of the First Nation that you indicated above?  Yes  No**  **NA**  **If you answered “Yes” briefly list the people you have or are planning to contact and describe the process followed.** Click here to enter text. | | | | | | |
| **What benefit will the First Nation(s) gain from the research?** Click here to enter text. | | | | | | |
| **Will you be collecting information that may be classified as intellectual property?**  **Yes  No  Not sure: provide details:** Click here to enter text.  *Intellectual property may include traditional knowledge, oral histories, etc. Most First Nations adhere to the OCAP principles concerning intellectual property. You should be familiar with these principles when working with First Nations.* [*https://fnigc.ca/ocapr.html*](https://fnigc.ca/ocapr.html)  **How will this information be treated and how will ownership be honoured?** Click here to enter text. | | | | | | |
| **Risks and Benefits** | | | | | | |
| **What is the level of risk to participants in this project?**  Minimal  Above Minimal  *As defined by the TCPS 2: Ethical Conduct for Research Involving Humans ‘minimal risk’ is research in which the probability and magnitude of possible harms implied by participation in the research is no greater than those encountered by participants in those aspects of their everyday life that relate to the research.*  **Explain why the project should be assessed as minimal or above minimal risk.** Click here to enter text. | | | | | | |
| **Indicate which of the following participants may experience (check as many boxes as may apply):**  Risk of physical harm (e.g. falling, muscle pain)  Physical discomfort (e.g. weakness, nausea, physical discomfort, pain)  Risk of psychological or emotional discomfort (e.g., anxiety, stress, embarrassment)  Legal repercussions (e.g. disclosing criminal activity)  Social repercussions (e.g. marginalization, being negatively judged by peers or employer, possible loss of status/reputation)  Economic inconveniences (e.g. expenses, loss of income by participating)  Other inconveniences (e.g., long travel to research site, time consumed, disruption of family routines)  Other risks  None  **If you checked any of the above boxes, please specify the measures taken to mitigate such risks, discomforts or inconveniences. Please include names and contact information of appropriate resources to which participants can be directed if needed.** Click here to enter text. | | | | | | |
| **Are there any methods that can be used to avoid the risks listed above? Why or why not?** Click here to enter text. | | | | | | |
| **What instruction will be given to your students about assessing and minimizing risks to participants?**  Click here to enter text. | | | | | | |
| **Are there any risks to you or the students?**  **Yes  No**  **If yes, what steps will be taken to mitigate these risks?** Click here to enter text. | | | | | | |
| **What are the possible benefits of this research to the research community, participants, indigenous communities or the general public/society?** Click here to enter text. | | | | | | |
| **PRIVACY** | | | | | | |
| **Will any identifying information be collected?** *(e.g. name, including signature, address, e-mail address, IP Address, social insurance number, personal health number, date of birth, place of residence (including Postal Code), or other unique personal characteristics)?*  **Yes  No If yes, what identifiers?** Click here to enter text.  **What identifiers will be held by the student?** Click here to enter text. | | | | | | |
| **Describe how the identity of the participants will be safeguarded. If using pseudonyms or codes to remove identifiers, please describe who will have access to codes or pseudonyms to link data to participant identities.** Click here to enter text. | | | | | | |
| **What instruction will be given to students about confidentiality and anonymity of data?** Click here to enter text. | | | | | | |
| **Describe the procedures to be used to ensure anonymity of participants and/or confidentiality of data both during research and after.** Click here to enter text. | | | | | | |
| **If participants are not to remain anonymous or their data confidential, how will they be informed?** Click here to enter text. | | | | | | |
| **If personal identifiers are retained after the project is done, please provide a rational why it is necessary to keep this information. Who will have access to this retained data?** Click here to enter text. | | | | | | |
| **Where will the data be stored? Provide physical and electronic locations if relevant. How long will this data be kept? How will the data be disposed of after this period?** Click here to enter text. | | | | | | |
| **If you are collecting data using an online survey company, please explain whether or not collection of IP Addresses will be disabled.**  Click here to enter text.  NA  *Please note that if you are using an online survey company for recruitment or data collection, that unless you indicate otherwise when constructing the survey, the company’s servers will record incoming IP Addresses.* | | | | | | |
| **FREE AND INFORMED CONSENT** | | | | | | |
| **Describe the procedures for obtaining informed consent for each relevant part of the research project.**  Click here to enter text. | | | | | | |
| **Who will be collecting this consent?** Click here to enter text. | | | | | | |
| **What instruction will be given to your students about the participant’s right to withdraw from a study?**  Click here to enter text. | | | | | | |
| **Who will be drafting the consent forms?** Click here to enter text.  ***Please attach a copy of any draft consent forms to this application.*** *In order to obtain informed consent from participants, full disclosure of all information necessary for making an informed decision to participate in a research project is required. Please consult the Consent form Guidelines and the Consent Form Checklist, prior to creating the consent form. A consent form template is available for use.*  **Have you used the Yukon University consent form template?  Yes  No** | | | | | | |
| **Will vulnerable populations be recruited?  Yes  No**  **If yes, describe the population and any special measures that will be taken to address their vulnerable status. How will appropriate consent be obtained?** Click here to enter text.  *Vulnerable populations can include persons with disabilities, low socio-economic status or minorities.* | | | | | | |
| **Secondary use of Data** | | | | | | |
| Is there any intention to reanalyze the data collected by your students in the future, by yourself or anyone else? If yes, please complete the full ethics application and contact the REB Coordinator. | | | | | | |
| **ATTACHMENTS** | | | | | | |
| Please attach copies of supporting materials that will be used in the research including those for recruitment, consent forms, confidentiality agreements and research tools (information sheets, questionnaires, guides or scripts). Also attach copies of TCPS 2 CORE Certificates. | | | | | | |
| **ACCURACY OF INFORMATION** | | | | | | |
| By signing, I certify that I have read and understand policy [AR-03](https://www.yukoncollege.yk.ca/sites/default/files/inline-files/AR-03_Research_Ethics_Policy_-_October_2014_1.pdf) developed by Yukon University for ensuring ethical conduct in research and that I intend to comply fully with the letter and spirit of this policy and any other procedures and guidelines that apply. All information included in this application is, to the best of my knowledge, true; and no information has been knowingly omitted. I further acknowledge my responsibility to report any significant changes in the project and to obtain written approval for those changes from the Research Ethics Board, prior to implementing those changes; and to report any unanticipated issue or event that may increase the level of risk to participants, or has other ethical implications that might affect participants’ welfare. | | | | | | |
|  | | | | | Click here to enter a date. | |
| Signature of Instructor | | | | | Date | |