



Application to Conduct Research at Community Care Northumberland

- This form should be completed prior to conducting research with Community Care Northumberland (CCN) clients/residents, families/caregivers, and/or staff and volunteers.
- Applications will be reviewed by the CEO or delegate, and appropriate departments/stakeholders will be consulted.
- Research must align with the Tri-Council Policy Statement (TCPS 2): Ethical Conduct for Research Involving Humans and all policies set out by CCN.
- Proof of ethics approval by a recognized Research Ethics Board (REB) is required prior to the commencement of on-site research activities.
- For questions about the form or the review process, and to submit this form when complete, please contact admin@commcare.ca.

Part 1: Overview of Request (To be completed by researcher)	
Researcher/Student Name(s) and contact information (For students, please also include name and contact information for supervisor)	
Institution	
Department/Faculty	
Name of Project	
Target Population (e.g. Residents, caregivers, staff, etc.)	
Anticipated # of Participants	
REB of Record (please send copy of approval when available)	
REB Approval Status	
Anticipated Start Date	
Anticipated End Date	

Part 2: Project Details (To be completed by researcher)

Please describe the purpose of the project.

Briefly describe the methodology and recruitment process.

Who will be interacting with participants?

How often will the interaction take place?

Will the interaction take place in-person or virtually?

What data will be collected and how will it be stored? Who will have access?

What are the key benefits to participants?

Are there any foreseeable risks? How will these risks be mitigated?

Describe any in-kind support requested from CCN?

Is there funding to support any direct costs that may be incurred by CCN? What is the source of this funding and the amount being allocated?

Briefly describe how the results of the project will be disseminated.	
Do you agree to share final reports, publications or other materials resulting from the project?	
Do you agree to acknowledge the involvement of CCN in knowledge translation and/or public relations activities, as appropriate? (i.e. publications, social media posts, etc.).	
Additional comments:	
Signature:	Date:

Part 3: Project Review (To be completed by CCN CEO or Delegate)		
The project aligns with CCN's Mission, Vision, Values, and research priorities.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
The risks to participants have been identified and mitigation strategies are in place (safety, privacy, dignity, well-being etc.).	Yes <input type="checkbox"/>	No <input type="checkbox"/>
The impact on stakeholders has been assessed and is considered manageable.	Yes <input type="checkbox"/>	No <input type="checkbox"/>



Other resources implications have been assessed and are considered manageable.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
REB certificate provided	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Affected stakeholders have been consulted and are supportive of the project.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Stakeholders consulted:	
	Name:	Date:
	Name:	Date:
Approval to Proceed with Project	Yes	<input type="checkbox"/>
	Yes, pending amendments (below)	<input type="checkbox"/>
	No	<input type="checkbox"/>
Issues to be addressed before the project may proceed. Check all that apply:	Next steps required to resolve issue(s):	
Ethical <input type="checkbox"/>		
Logistical <input type="checkbox"/>		
Resources <input type="checkbox"/>		
Methodological <input type="checkbox"/>		
Timing <input type="checkbox"/>		
Other <input type="checkbox"/>		
Authorized person:		
Signature:	Date:	