

Please refer to the AP 290 - Research Studies on the website for details required to fill out this form.

1 | Identifying Information

Date: _____
(YYYY/MM/DD)

Name of Principal Researcher(s): _____
(Last, First)

Position of Principal Researcher: _____ Supervisor Name (if student): _____ ☐ N/A

Affiliated Institution / Organization: _____

Mailing Address of Institution: _____

Phone: _____ Email: _____

2 | Research Study

Title: _____

Approximate time period for data collection (**Note** | it may take up to 8 weeks to process this application):

Preferred start date: _____ Estimated completion date: _____
(YYYY/MM/DD) (YYYY/MM/DD)

Select the type of proposal for research from the list below (check all that apply):

☐ Doctoral Dissertation ☐ Institutional Project - Funded

☐ Masters Thesis ☐ Institutional Project - Unfunded

☐ Graduate Research Project ☐ Undergraduate Research Project

☐ Other (please specify): _____

3 | Wolf Creek Public Schools (WCPS) Affiliation

WCPS

Employee: ☐ No **or** ☐ Yes If yes, location: _____

Other association with WCPS (please describe): _____

Name(s) of school(s): _____

4 | Required Documents

All required boxes must be checked for the proposal to be considered for review.

- ☐ This proposal **has received** ethics approval that meets Canadian standards (TCPS 2) for social and behavioural research with human participants and a copy of the Research Ethics Board (REB) approval letter is attached. **(check only if applies)**
- ☐ This proposal meets the requirements outlined by WCPS *Research Studies Procedure*. **(required)**
- ☐ Recruitment Package attached (Letter of Introduction to Research, Oral Explanation, Posters, etc.). **(required)**
- ☐ Informed Consent Document attached. **(required)**
- ☐ Copy of surveys, questionnaires, interview questions or interview guide attached. **(required)**
- ☐ *Use of Personal Information for Research Purposes* form attached. **(check only if applies)**
- ☐ Copies of Criminal Record Check including Vulnerable Sector Search for all team members. **(does not apply if individual is a current WCPS employee with checks on file)**

Please note: The spaces provided for your responses will expand as you write or paste.

5 | Brief Summary of the Project

Provide a succinct summary of the purpose, objectives, methods and aims of the research. Please seek to do so in under 400 words and using language understandable by a non-specialist.

6 | Research Methodology

Describe the methods and procedures to be used with particular emphasis on the **perspective and experience of research participants** and any others potentially affected by the research. Provide as much detail as necessary to enable consideration of risks to participants. **Note** | Cutting and pasting method descriptions from grant proposals, thesis proposals, etc. is normally not sufficient to properly complete the next section. Describe the researcher's role in relation to the study participants and consider how that relationship may affect your methodology.

7 | List of Study Participants

Describe who will be the potential participants in this study. *Any changes to this list after the application is submitted require approval and requests need to be made to wcps@wolfcreek.ab.ca indicating in the subject title “changes to application”.*

Name(s) of potential school site(s): _____

Number of students and grade level(s): _____

Number of teachers: _____

Number of school or system based administrators: _____

Number of other Wolf Creek division employees: _____

Number of parents/guardians of students: _____

8 | 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.

- Include a copy of the recruitment notice, advertisement and 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 this below or attach the text that will be used for oral presentations.

Note | Once research approval is obtained, please make note of this in your recruitment package so Principals can make an informed decision about their participation in the research.

9 | Informed Consent/Assent

A request for Informed Consent is required for all human participants who are members of the WCPS Community. Describe the process for obtaining **informed consent/assent** as well as how you will create understanding about the right to withdraw. Describe when and how participants will be informed of the **right to withdraw** from the study. Describe the procedures that will be followed for participants who wish to withdraw at any point during the study and what happens to the information contributed to this point. Include a copy of the completed Request for Informed Consent and, where participants are under the age of 18, a copy of process for assent with this application.

Note | Digital Informed Consent forms are not recognized by WCPS at this time.

10 | Description of Data, Data Gathering and Analysis

Describe, in as much detail as possible, all data to be gathered for this project. If personal information will be gathered or access is being requested, please describe this in detail where prompted. 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 to this list after the application is submitted require approval and requests should be made in writing to wcps@wolfcreek.ab.ca.

- | | |
|------|---|
| i) | Describe, in as much detail as possible, the data that will be gathered, and if relevant, the personal information required from existing records or the personal information that will be collected directly from research participants (e.g., age, gender/sex, etc.). |
| | |
| ii) | If applicable, 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). |
| | |
| iii) | Describe in detail how the data will be used and to whom it will be disclosed (include any research colleagues or assistants who will have access to the data). |
| | |
| iv) | Describe security measures, procedures and controls you will have in place to ensure the security and confidentiality of the data (include computer security measures and controls to prevent unauthorized access or disclosure). |
| | |
| v) | State the expected period of time during which access to any records may be required and the expected period of time during which these records will be used. |
| | |
| vi) | Describe the procedures and the expected period of time required for removal and destruction of individual identifiers. |
| | |

11 | Potential Benefits

Outline the potential benefits of this study for WCPS students, the researcher, participants (if other than students) the research community and society at large. Outline how this study aligns with WCPS Policies and Procedures and / or Assurance Plan.

12 | Dissemination of Research

Feedback to Wolf Creek Public Schools

On completion of a research project undertaken in WCPS, a full report of the research results must be submitted to the Superintendent at wcps@wolfcreek.ab.ca. Copies of the full reports are to be made available to all participants and other interested persons on request under the restrictions of the *Protection of Privacy Act*, the *Access to Information Act*, and the *Personal Information Protection Act* requirements. Your contact will be provided in case anyone would be interested in further information about your study.

Anticipated date of submission is: _____
(YYYY/MM/DD)

Proposed Workshops and Publications

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

Important Information

- The Researcher is required to comply with the provisions of Alberta's *Protection of Privacy Act*, *Access to Information Act*, and *Personal Information Protection Act* and any of Wolf Creek Public Schools' policies, procedures and guidelines relating to the confidentiality of personal information that was obtained, generated, collected or provided in records requested for this study.
- 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.
- The Researcher will not include or reference the jurisdictional name (Wolf Creek Public Schools) or acronym (WCPS) in any report writing, course work, paper or publications.
- The Researcher will not include or reference any Wolf Creek school name or identified school acronym in any report writing, course work, paper or publications.
- The Researcher will not offer incentives to WCPS students, parents/guardians or staff for participation in the proposed research.

13 | Authorization

Personal information contained on this form is collected under Alberta's *Protection of Privacy Act, Access to Information Act, and Personal Information Protection 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 policies outlined by Wolf Creek Public Schools. I agree that Wolf Creek schools, staff or students will NOT be identified in any report or publication or presentation.

Signature of Researcher: _____ Date: _____
(YYYY/MM/DD)

Researcher Name (printed): _____

If this study is part of the requirement for completion of a degree, your academic supervisor must review.

I have reviewed this application and agree with the proposed study.

Signature of Academic Supervisor: _____ Date: _____
(YYYY/MM/DD)

Academic Supervisor Name and Position (printed): _____

For Wolf Creek Public Schools use only.

The application to conduct research has been accepted in principle and subject to the terms outlined in the Research Studies Procedure; and will be forwarded to the relevant school principals and division staff by the Superintendent. Understanding that the final decision for participation rests with those directly involved.

Signature of WCPS Authority: _____ Date: _____
(YYYY/MM/DD)

WCPS Authority Name and Position (printed): The Wolf Creek School Division, Superintendent of Schools