

Appendix B - External Research Application Form



This request to conduct research or administer a survey is to be completed by the researcher and forwarded to the Superintendent of Programme & Services. Please attach all additional information needed to support the request. Kindly note that research investigators are expected to share the outcomes/findings of the research with SMCDSB Administration upon their request. PLEASE COMPLETE ALL SECTIONS OF THIS APPLICATION FORM.

46 Alliance Blvd.
Barrie, Ontario
L4M 5K3
Phone: 705-722-3555
Fax: 705-726-0903
www.smcdsb.on.ca

Date:	
Name of Researcher	
Place of Employment	
Position	
Mailing Address	
Phone Number	
Fax Number	
E-Mail	

Overview of Proposed Project

- Undergraduate Paper/Thesis Institutionally Funded Project
 Masters Paper/Thesis Doctoral Paper/Thesis
 Additional Qualification Course

Other (Please Specify)

Please list any other school boards to which you have applied.

Title of Study

The research proposal has been approved by the Ethics Review Committee (if applicable):

- Approved Not Approved Not Applicable

Name of Institution/Agency	
Name of Supervising Authority	
Position	
Phone Number	
E-Mail Address	

If applicable attach approval from the affiliated institution/agency's Ethics Review Committee

Please provide a brief description of the research, including the purpose, timeline and expected date the Research Advisory Committee at SMCSB will receive a copy of the written report.

State the educational benefits of this study to SMCDSD. Be sure to state the direct benefits of this research to the participating school(s) and individual participants.

Describe the research design, including method for identifying potential participants.

Research Methodology and Collection of Data

Number of Elementary Schools

Number of Secondary Schools

Name(s) of preferred school(s) if any:

Number of Students

Grade(s)

Number of Teachers

Grade(s) Taught

Number of Other Board Employees

Describe the time commitment of participants and state when the research is taking place (before school/during school/ after school).

Describe any assistance requested (i.e. students, teachers, parents, office staff, administrators). Please attach the letter of invitation for participants.

Describe any equipment and facilities requested.

Describe the data collection procedures.

Describe the data collection instruments (list all measures to be used and attach copies).

Ethical Considerations and Protection of Privacy

Describe procedures to ensure anonymity and confidentiality (including security of information).
Describe the information requested from school records (consent required).
Describe the method to be used to obtain informed consent (attach copies of all consent forms).
Describe how participants will be prepared for their involvement in the study.

Providing Feedback

Describe the procedures for providing feedback to SMCDSB and the participating school(s). The Research Advisory Committee may, at their discretion, request a verbal debriefing of the research.
Please describe any publication plans (if applicable).

A current criminal reference check must be inclosed for any non-SMCDSB employee who will be working directly with students.

Researcher's Agreement

I have read the Simcoe Muskoka Catholic District School Board's Policy and Procedure for Conducting Research and agree that this research will be conducted in accordance with those procedures.

Furthermore, I agree that I will maintain the utmost confidentiality and will not disclose any personal information I obtain from students, teacher, or others through my research.

Signature of Researcher

Date

Decision of Research Advisory Committee

- Revision Required (see attached note)
- Not Approved (see attached note)
- Approved (see attached note)

Signature of Committee Chair

Date

Please Return Application Forms to:
Superintendent of Programmes and Services
Simcoe Muskoka Catholic District School Board