



**University of Prince Edward Island
Department of Psychology
Research Ethics Committee
Research Ethics Proposal**

Submit **three copies** to Dr. S. MacKinnon, Chair of the Ethics Committee. The Psychology Department Research Ethics Committee meets on the **FIRST FRIDAY** of each month to discuss submissions. Please make sure that your submission reaches Dr. MacKinnon at least **three weeks** in advance of this monthly meeting date. **Please type your Research Ethics Proposal.** Before you complete your submission, please read the Psychology Department Guide to Research Ethics Proposals. Research Ethics Proposals that are incomplete or incorrect will be returned for alterations and will not be reviewed until the following months meeting.

Number: _____

Date received: _____

Reviewers: _____

Review Due: _____

1. Title of Project:

Start/Finish Dates: _

2. Investigator(s):

Name

Address

Phone #

Supervisor:

Other Personnel:

3. ACADEMIC PURPOSE OF THE RESEARCH:

- a. Honours Thesis
 b. Special Study or Directed Research
 c. Course Project - identify the course: _____
 d. Independent Research
 e. Other (please explain below)

If the proposed research is part of a course project, briefly outline the pedagogical purposes of the research.

4. FUNDING

Is this research funded, or has funding been applied for?

FUNDED **APPLIED FOR** **UNFUNDED**

If unfunded, name two possible peer reviewers: (1)

(2)

Date of anticipated completion of the project:

6.9 *Are children involved?* YES NO

Note: Individuals who are aged 14 years to 18 years may not require parental consent to participate in research, depending upon the decision of the Department of Psychology Research Ethics Committee.

If the answer is **YES**:

6.9.1: *What age groups will be used in the research? Check all that apply.*

- Newborn (0 - 6 months)
- Preschool age (6 months - 4 years)
- Primary School (5 - 11 years)
- Middle School (12 - 15 years)
- High School (16 - 18 years)

6.9.2: *How will the children be recruited?*

- Through school *
- Through another institution* (specify)
- Through parents/family
- Other (specify)

* A letter to the institution asking for permission to conduct the study **MUST** be attached.

6.9.3: *Will the parent=s/guardian=s consent for the child to participate be obtained?*

YES NO

If **YES**:

6.9.3.1: Will the child=s assent to participate be obtained?

YES NO (If **NO**, please explain)

6.9.3.2: Is the child deemed competent to consent?

YES NO

6.10 *Are other vulnerable participants being recruited?*

Vulnerable means an that an unequal power relation exists between the potential participant and recruiter such that the participants may not feel the choice is really voluntary (e.g., inmates, patients, etc.)

YES NO

6.10.1: *If the answer is YES, who (specify group).*

6.10.2: *Will these participants be drawn from an institution?*

[] YES [] NO

6.10.3: *If the answer is YES, from which institution(s)?**

*A letter of authorization for the institution must be attached to your Research Proposal.

What procedures are in place to ensure that consent is properly given?

6.11 *Instructions to Participants*

(Provide a script of the basic instructions given to the participants.)

6.12 *Participant consent*

Informed consent normally requires two components: the information to potential participants and the consent form, both of which should be in everyday language. You have been provided with a variety of forms, which can be used in different studies. Work out what forms are relevant to your own study, and **ONLY INCLUDE THESE FORMS IN YOUR PROPOSAL.**

6.12.1 Participant Information Letter

Here is the basic outline. Please complete it with reference to your study.

PARTICIPANT INFORMATION LETTER

You have been invited to participate in a research project on (*statement of topic of research project*) conducted by (*Name of Principal Investigator*) under the supervision of (*Name of Supervisor*) in the Department of Psychology at the University of Prince Edward Island. This study is being conducted to fulfill the requirements of (*Course Number and Name*).

(*Provide a brief rationale for the research project. State the aims of the research project. Briefly explain the benefits of the research project [e.g., why the answers provided by the project might be important]. State what the participant will have to do.*)

Participation in this project will take _____ minutes of your time, and your participation in the research project will pose no harm to you. Your participation in this research project is entirely voluntary. You may stop your participation in the research project at any time, without penalty or prejudice. All information collected in the course of this project will remain confidential and anonymous, and you will not be able to be identified from any of your responses. [*FOCUS GROUP RESEARCH ONLY: You should be aware, however, that although every effort is made to maintain your anonymity, it cannot be guaranteed.*] [*INTERVIEW AND FOCUS GROUP RESEARCH ONLY: The audio-recording of your responses will be destroyed immediately it has been transcribed. You will be identified either by number or pseudonym in the final transcript used as data.*] Only (*Names of Principal Investigator/s and Supervisor*) will have access to the data resulting from this research project. All data resulting from the research project will be retained for a period of five years after the completion of the project, after which time it will be destroyed.

IF PAYMENT OR COMPENSATION FOR PARTICIPATION IS PROVIDED: In return for your participation in this research project, you will receive a modest honorarium of (*type and amount of compensation*). **OR: If course credit is received in return for first year psychology student participation:** In return for your participation in this research project, you will receive 1 mark towards the laboratory component of your grade in Psychology101/Psychology102 to a total of 15 marks. If you choose not to participate in this research project, there will be further opportunities for you to participate in other research projects to make up this laboratory grade. If you decide to withdraw from the research project at any time, you will not lose the compensation that you have been awarded for participation.

If you have any questions or concerns about this research project, you may consult with (*Name of Supervisor, telephone number, and email address*) or Dr. Philip Smith, Chair of the Department of Psychology, ph. (902) 566-0549, email: smithp@upei.ca. [*FOR RESEARCH THAT IS BEYOND MINIMAL HARM AND/OR INVOLVES SENSITIVE PSYCHOLOGICAL ISSUES: If any issues arise for you during the course of this research project, please contact one of the professional services, whose names and contact details have been provided on the Resource Sheet accompanying this Information Letter, or contact (Name of Supervisor), who can then refer you to an appropriate professional in the area.*] For access to the full results of the research project once these are available, please contact (*name of Principal Investigator, telephone number and email address and/or name of Supervisor, telephone number, and email address.*)

This research project has been approved by the Research Ethics Committee of the Department of Psychology, as a subcommittee of the UPEI Research Ethics Board. Any concerns about the ethical aspects of your involvement in this research project may be directed to Dr. Stacey Mackinnon, Chair of the Ethics Committee, Department of Psychology, telephone (902) 566-0402, e-mail: smackinnon@upei.ca

6.12.2 Participant Consent Form:

Here is the basic outline. Please complete it with a brief statement that identifies the research project and what the participant will be asked to do. Please delete any information that is not relevant to your proposal.

PARTICIPANT CONSENT FORM

I consent to participating in research on:

I understand that my participation involves:

I have read and understood the material about this study in the Information Letter, and understand that:

1. My participation in the study is entirely voluntary;
2. I may discontinue my participation at any time without any adverse consequence;
3. My responses will be kept confidential and anonymous, except where the researcher is required by law to report them;
4. Once all data have been submitted and identifiers removed, I will no longer have the opportunity to request that my data be removed from the study;
5. I have the freedom not to answer any question included in the research;
6. I may have a copy of the signed and dated consent form to keep.

This research is being conducted by (*Name of Primary Investigator/s*) for (*Statement of Academic Purpose of the Research, e.g., course number and name*), under the supervision of (*Name of Supervisor, where relevant*). Any questions or concerns about this study can be directed to (*Name of Primary Investigator OR Supervisor, telephone number, and email address*).

[FOR RESEARCH THAT IS BEYOND MINIMAL HARM AND/OR INVOLVES SENSITIVE PSYCHOLOGICAL ISSUES: *If any issues arise for you during the course of this research project, please contact one of the professional services, whose names and contact details have been provided on the Resource Sheet accompanying this Consent Form, or contact (Name of Supervisor), who can then refer you to an appropriate professional in the area.*]

This research has been approved by the Research Ethics Committee of the Department of Psychology, as a sub-committee of the UPEI Research Ethics Board. Any concerns regarding your involvement in this study may be directed to Dr. Stacey Mackinnon, Chair of the Research Ethics Committee, Department of Psychology, telephone (902) 566-0402, email: smackinnon@upei.ca.

Student Identification Number: _____

Participant=s name (please print): _____

Participant=s signature: _____

Date: ____ / ____ / ____



6.12.3 Parental/Guardian Consent Form: (ONLY for participants deemed vulnerable)

Here is the basic outline. Please complete it with a brief statement that identifies the research project and what the participant will be asked to do.



PARENTAL/GUARDIAN CONSENT FORM

I consent to my son/daughter/charge participating in research on:

I understand that his/her participation involves:

I have read and understood the material about this study in the Information Letter, and understand that:

1. His/her participation in the study is entirely voluntary;
2. He/she may discontinue his/her participation at any time without any adverse consequences;
3. His/her responses will be kept confidential and anonymous, except where the researcher is required by law to report them;
4. Once all data has been submitted and identifiers removed, he/she will no longer have the opportunity to request that his/her data be removed from the study;
5. He/she has the freedom not to answer any question included in the research;
6. He/she may have a copy of the signed and dated consent form to keep.

This research is being conducted by (*Name of Primary Investigator/s*) for (*Statement of Academic Purpose of the Research, e.g., course number and name*), under the supervision of (*Name of Supervisor, where relevant*). Any questions or concerns about this study can be directed to (*Name of Primary Investigator OR Supervisor, telephone number, and email address*).

[FOR RESEARCH THAT IS BEYOND MINIMAL HARM AND/OR INVOLVES SENSITIVE PSYCHOLOGICAL ISSUES: *If any issues arise for you during the course of this research project, please contact one of the professional services, whose names and contact details have been provided on the Resource Sheet accompanying this Consent Form, or contact (Name of Supervisor), who can then refer you to an appropriate professional in the area.*]

This research has been approved by the Research Ethics Committee of the Department of Psychology. Any concerns regarding your involvement in this study may be directed to Dr. Stacey Mackinnon, Chair of the Research Ethics Committee, Department of Psychology, telephone (902) 566-0402, email: smackinnon@upei.ca.

Parent/Guardian=s name (please print): _____

Parent/Guardian=s signature: _____

Date: ____ / ____ / ____

6.12.4 *Interviewer Agreement Form: (ONLY for research that uses a method involving interviews)*

Here is the basic outline. Please complete it in line with the aims of your research project.

INTERVIEWER AGREEMENT FORM

I, _____ (*Student Name*), in conducting interviews for research conducted towards (*state Course Number and Course Name*), agree to the following:

1. Clearly identifying the aims of my study;
2. Providing my participant with a schedule of interview questions PRIOR to my interview, so that any questions that may cause distress for my participant can be eliminated or changed to his/her satisfaction;
3. Treating with respect the information that my participant shares with me, by not continuing with a line of questioning if the participant has indicated that he/she does not want to address issues being raised, AND by protecting her confidentiality AT ALL TIMES;
4. Making sure that my participant cannot be identified in any way by any of his/her responses to my interview, and ensuring that no identifying information is included in the transcript of my interview;
5. Erasing the audio-recording of the interview immediately I have transcribed it;
6. Allowing my participant to discontinue the interview at any time, and respecting that decision by not asking for reasons for his/her withdrawal.

This research is being conducted by (*Name of Principal Investigator/s*), under the supervision of (*Name of Supervisor*) in completion of (*Course Number and Name*) offered by the Department of Psychology at UPEI. Any questions about this study, and/or your participation in this study should be directed to (*Name of Principal Investigator/s OR Supervisor [both/all names should be listed], Telephone Number, email address*).

[FOR RESEARCH THAT IS BEYOND MINIMAL HARM AND/OR INVOLVES SENSITIVE PSYCHOLOGICAL ISSUES: *If any issues arise for you during the course of this research project, please contact one of the professional services, whose names and contact details have been provided on the Resource Sheet accompanying this Consent Form, or contact (Name of Supervisor), who can then refer you to an appropriate professional in the area.*]

This research has been approved by the Research Ethics Committee of the Department of Psychology. Any concerns regarding your involvement in this study may be directed to Dr. Stacey Mackinnon, Chair of the Research Ethics Committee, Department of Psychology, phone (902) 566-0402; email: smackinnon@upei.ca

Interviewer=s Name (please print): _____

Interviewer=s Signature: _____

Date: ____/____/____



6.12.5 *Focus Group Facilitator Agreement Form: (ONLY for research that uses a method involving focus groups).*

Here is the basic outline. Please complete it in line with the aims of your research *project*.

FOCUS GROUP FACILITATOR AGREEMENT FORM

I, _____ (*Student Name*), in facilitating discussions with focus groups for research conducted towards (*state Course Number and Course Name*), agree to the following:

1. Clearly identifying the aims of my study;
2. Treating with respect the information that my participants share with me, by not continuing with a line of questioning if any participant has indicated that he/she does not want to address issues being raised, AND by protecting their confidentiality AT ALL TIMES;
3. Making sure that my participants cannot be identified in any way by any of their responses to my focus group questions, and ensuring that no identifying information is included in the transcripts of my focus group discussions;
4. Erasing the audio-recording of each focus group discussion immediately I have transcribed it;
5. Allowing any participant to discontinue participation in the focus group at any time, and respecting that decision by not asking for reasons for his/her withdrawal.

This research is being conducted by (*Name of Student*), under the supervision of (*Name of Principal Investigator/s OR Supervisor*) in completion of (*Course Number and Name*) offered by the Department of Psychology at UPEI. Any questions about this study, and/or your participation in this study should be directed to (*Name of Principal Investigator/s OR Supervisor [list both names], Telephone Number, email address*).

[FOR RESEARCH THAT IS BEYOND MINIMAL HARM AND/OR INVOLVES SENSITIVE PSYCHOLOGICAL ISSUES: *If any issues arise for you during the course of this research project, please contact one of the professional services, whose names and contact details have been provided on the Resource Sheet accompanying this Consent Form, or contact (Name of Supervisor), who can then refer you to an appropriate professional in the area.*]

This research has been approved by the Research Ethics Committee of the Department of Psychology. Any concerns regarding your involvement in this study may be directed to Dr. Stacey Mackinnon, Chair of the Research Ethics Committee, Department of Psychology, phone (902) 566-0402; email: smackinnon@upei.ca

Facilitator=s Name (please print): _____

Facilitator=s Signature: _____

Date: ____ / ____ / ____

6.13 **Risks and benefits**

The standard of *minimal risk* is commonly defined as follows: if potential participants can reasonably be expected to regard the probability and magnitude of possible harms implied by participation in the research to be no greater than those encountered by the participant in those aspects of his/her everyday life that relate to the research, then the research can be regarded as within the range of minimal risk.

Does this study qualify as involving MORE THAN MINIMAL RISK?

YES NO

Does the Study Involve:

a) Full Disclosure of Aims and Expectations?

Yes No (If No, EXPLAIN)

b) Deception?

No Yes (If Yes, EXPLAIN)

c) Psychological Stress/Anxiety?

No Yes (If Yes, EXPLAIN)

d) Physical Stress, Fatigue, or Endangerment?

No Yes (If Yes, EXPLAIN)

e) Lingering Psychological Issues?

No Yes (If Yes, EXPLAIN)

(If Yes, explain and describe steps taken to deal with this issue. If uncertain consult your supervisor, or a member of the Research Ethics Committee.)

6.14 **Confidentiality**

Confidentiality relates to the privacy of the data and addresses, and who has access to this information.

Please describe the procedures for preserving confidentiality of participants and/or explain how written records, videotapes, recordings, and questionnaires will be kept, and

disposed of, after the study is completed. Indicate who is responsible for data monitoring and analysis. Describe any condition in which confidentiality cannot be guaranteed or must be breached. For example, professionals disclose confidential information only as authorized by the client, unless there is substantial risk of serious harm to the client or other persons, or a legal obligation to disclose. Where disclosure is warranted, both the amount of information disclosed and the number of people informed is restricted to the minimum necessary. In rare instances, it will not be possible to ensure confidentiality because of mandatory reporting laws. When this is the case, the prospective research participants should be aware of this limitation.

Is confidentiality a possible issue? [] NO [] YES
(If uncertain consult your supervisor, or a member of the Ethics Committee.)

If it is a possible issue, briefly describe how the confidentiality of participants will be ensured:

6.15 *Anonymity*

Anonymity relates to all aspects of a research project where the participant=s identity might be linked to the research. Anonymity becomes a concern (even if the data are kept confidential) where mere association with a study might pose risk to participants. For cases where anonymity is important, describe the procedures for preserving anonymity of participants or any condition in which anonymity cannot be guaranteed or offered to participants (for example, if the research involves the use of focus groups.)

Is anonymity a possible issue? [] NO [] YES
(If uncertain consult your supervisor, or a member of the Ethics Committee.)

Describe any condition in which anonymity cannot be guaranteed or offered to participants (e.g., if the research involves the use of focus groups)

If it is a possible issue, briefly describe how the anonymity of participants will be ensured.

6.16 *Debriefing*

(Provide a script of the basic debriefing given to the subjects on completion of their participation.)

7. APPARATUS AND/OR MATERIALS

(Describe the equipment and/or provide copies of questionnaires or surveys.)

8. PROCEDURE

Providing a detailed step by step description of how the research will be conducted.

9. POSSIBLE CONFLICT OF INTEREST

What direct or indirect benefits (if any) are you receiving as a result of this research?

Do the researchers have any affiliation with, or financial involvement in, any organization or entity with direct or indirect interest in the subject matter or materials of this research?

Are there any agreements between the investigator(s) and the sponsor(s) of this research that restrict publication of results from this research?

10. CERTIFICATION

I certify that the information provided is accurate and complete. I agree to abide by the ethical guidelines and procedures of the Department of Psychology Research Ethics Committee (as a subcommittee of the University of Prince Edward Island Research Ethics Board), of the Tri-Council Policy Statement (Current version), of my profession or discipline, as well as of the institution in which the research is undertaken. I am aware of my responsibility to be familiar with these standards.

I further agree to notify the Department of Psychology Research Ethics Committee of any change in the methodology or status of the research project and to comply with requests made by the Department of Psychology Research Ethics Committee during the life of this research.

Principal investigator:

_____ Date _____

Supervisor:

_____ Date _____

Approved: _____ Date _____
Chair of Ethics Committee

_____ Date _____

_____ Date _____

Revised March 2012