



Personal Information on this form is collected under the authority of the Education Act and will be used by the researcher for the sole purpose as described in this form. At no time is research/data-collection being conducted for another party not disclosed on this form. The future release of any information pertaining to this research to other groups not mentioned must be approved by the Superintendent of education responsible for research within the St. Clair Catholic district School Board. Questions about this collection should be directed to the Superintendent of Education, Research, St. Clair Catholic District School Board, 420 Creek Street, Wallaceburg, Ontario N8A 4C4. 519-627-6762.

Request to Conduct Research

A. APPLICANT INFORMATION

Name: _____ Date: _____
Address: _____ Tel. (Res.): _____
_____ Tel. (Bus.): _____
Email: _____ Fax: _____
Institution/Agency: _____
Position/Role: _____

B. PROJECT DESCRIPTION AND TIMELINE

Title of research proposal:

Preferred start date: _____

Expected end date: _____

Expected date of report to board (*research summary submitted to the SCCDSB Research Committee/participating schools*):

Please list all other school boards to whom you are submitting an application to conduct this research.

C. NATURE OF RESEARCH

Undergraduate thesis

Master's thesis

Doctoral thesis

Principal's course

AQ course

Externally-sponsored project

University research

Other _____

Proof of permission and/or ethical review is required from your university/institution.

the approval/ethics certificate from my university/institution is attached

a completed ethics application from my university/institution is attached

in progress (please provide details below, including expected date of approval/amendment)

Vulnerable Sector Records Check

A Vulnerable Sector Records Check is required of all researchers who will be gathering information from or working with students on school property. Please list the names of all researchers who will be gathering information from students on school property.

Vulnerable Sector Records Checks are attached for all researchers

in progress (please provide expected date of submission of Vulnerable Sector Records Check)

D. RESEARCH OBJECTIVES

1. Provide a brief summary of your literature review and/or the theoretical foundations for your study.

2. Explain the practical benefits and/or contribution of this research to the participants, to the district school board and/or to the education system in general. (Please refer to the About page of the SCCDSB website for information on our priorities and strategic directions.)

E. DATA COLLECTION AND/OR DATA REQUESTS

1. Describe the proposed data collection. Include the number of sites / schools required and the name of any preferred schools or sites.

2. How many students will directly participate?

Number of students	Grade/Program	Time required	Additional details

How many teachers will directly participate?

Number of teachers	Grade/Program	Time required	Additional details

How many other school personnel will directly participate?

Number of staff	Staff Role	Time required	Additional details

3. Describe any other requests for data from the district school board.

F. METHOD OF INVESTIGATION/STUDY

If you have attached a copy of your Ethics Application Form, please skip this section.

1. Provide a brief summary of your planned method(s) of data collection. List all data collection instruments (e.g. tests, surveys, interview guides etc.) and attach copies to this application.

2. Describe your plans for communicating to parents and participants about the research. Explain your plans for obtaining informed consent for participation. Attach copies of all information letters, consent letters and other communication materials to this application.

3. Briefly explain the data analysis procedures you will use for your research.

4. List the security procedures in place for the protection of participant privacy and data storage.

G. ADDITIONAL REQUIREMENTS

1. Facilities required (e.g. quiet workspace; gymnasium; classroom)

2. Assistance required (e.g. early access to room for set up; assistance with students)

3. Other resources or special arrangements required

H. PROVISION FOR FEEDBACK

1. Please describe your plans to report results to participants, participating schools and/or the district school board office:

2. Describe any publication/speaking plans for this research (e.g. academic press; social media; online news; conference presentations):

3. Would you be willing to present a poster at a SCCDSB meeting? If Yes No

yes, please provide name and contact information of a researcher.

SIGNATURES

Researcher

I have read Information for Researchers (from the SCCDSB website) about conducting research in the district and agree to follow its requirements if my application is accepted.

Note that the final decision to participate in any research project always rests with the individual (e.g. principal, teachers, other staff; student through a parental consent form or a student assent form)

Signature of researcher

Professor/Sponsor/Affiliated Organization

This is to certify that the above described research proposal has been reviewed by myself/my organization and has been vetted for its academic soundness. Consideration has been given to ethical, legal and moral questions arising from the proposal.

Contact person (e.g. sponsoring professor, director of organization)

Name of organization