



## CDSBEO Application Form for Research Requests

### Office Use

Research Application No. \_\_\_\_\_

Date Received: \_\_\_\_\_

### Please print or type

Applicant's Name: \_\_\_\_\_

Residential Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Institution/Agency: \_\_\_\_\_

Position Held: \_\_\_\_\_

Department: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name of Staff Advisor: \_\_\_\_\_

Title of Proposed Research: \_\_\_\_\_

Check where Applicable: Undergraduate Thesis  Masters Thesis

Doctoral Thesis  Other

If this is a funded research project, by whom is it funded?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Brief Description of the project:

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Purpose of the Study: (A statement of the problem and each hypothesis to be tested is required.)

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Research Design and Methodology: (Sampling procedure, how each hypothesis will be tested, etc.)

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Description of any methods to be used: (ie: interviews, recording, video)

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Proposed commencement and end dates: \_\_\_\_\_

Proposed data analysis:

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Number of students required for each sample: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Special Facilities: \_\_\_\_\_

Information from school records: \_\_\_\_\_



Length of time of school involvement: (Specify which months, the number of times you wish to be in the school, and length of each session.)

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How is the teaching or other staff to be involved?

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Justification for requesting access to schools: (ie: Why is it necessary to conduct this study in the school system as opposed to youth clubs or random dwelling sampling? Why should this study be of interest to the Board?)

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What is the direct benefit to students and/or staff or Board, for example, through presentation, materials, feedback, etc.?

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When can the committee expect to receive your completed report?

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I have attached the following information:

- A copy of the instrument to be used.
- A copy of the advisor letter to parents that includes the voluntary nature of participating in this research.
- A copy of the consent letter to be signed by parent/guardian or student who is 18 years of age or older.
- A copy of the curriculum vitae of the lead researcher, including recent publications.
- A copy of the REB and/or approval.

**Agreement:** I hereby make application to conduct the research project or survey described in the attached materials. I have read and understood the Code of Ethics for Researchers and TCPS (2) 2014 and agree to be bound by the terms of the Municipal Freedom of Information/Protection of Privacy Agreement, which I understand must be completed PRIOR to the commencement of any research. I furthermore agree that the decision of the Research Request Committee is final.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Information Collection Authorization:** Personal information on this form is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act and will be used to determine eligibility for research projects.

The information will be stored at the Board Office. Any questions with respect to this information should be directed to the Superintendent of School Effectiveness.

Users: Principal, Manager of Communications and Freedom of Information/Protection of Privacy

Copies to: 1. Principal 2. Superintendent of School Effectiveness