# ETHICS REVIEW REQUEST FORM

# Research Activity Involving Humans

**NOTE 1**: The form must be completed in French in accordance with the laws in force in Quebec. Exceptionally, it may be completed in English. No translation is required for research protocols written in English that have already been submitted to a funding agency.

**NOTE 2**: From point four (4) on, the order of presentation of the information can be modified. Simply ensure that all the required information is present.

**NOTE 3:** Notes on this form must be removed. The form must be signed and sent to the Research Ethics Board (REB), an entity independent from the Centre for Circus Arts Research, Innovation and Knowledge Transfer, by email at <cer@enc.qc.ca>. Any other document requested must be attached.

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| REB-assigned file number: | REB - |

**Required information**

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| 1. **Name of the researcher responsible for the research activity at the National Circus School (NCS)** | |
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| **Last name:** |  |
| **First name:** |  |
| **Title:** |  |
| **For students- indicate research direction:** |  |
| **Department:** |  |
| **Telephone:** |  |
| **Email:** |  |

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| 1. **Research activity** | | |
| 1. Title: |  | |
| 1. Has the research activity already been approved by the NCS’s REB? Yes  No | | |
| If yes, what is the file number? REB - | | |
| 1. Has the research activity or any part of it been previously approved by the REB of any other institution or organization? Yes  No | | |
| 1. Will the research activity, or any part of it, be subject to ethics review by the REB of another institution or organization?   Yes  No  If yes, which one(s)? (Provide ethics approval when available)  **NOTE**: If the research activity has already been approved by an REB other than that of the NCS, please do not complete this form. Instead, please attach the request for ethics review submitted to the said REB and ensure that all the required information in this document is included. (If necessary, add missing information in an appendix). Include the letter of ethics approval or certificate of compliance issued by the REB, the comments received following its ethics review, as well as any document to which a participant will have access. | | |
| 1. **Internal (within the NCS) or external (outside the NCS) collaborators** | | |
| **NOTE:** A collaborator is any other member of the research team, whether that individual is responsible for a scientific aspect of the activity or a research assistant. Please attach an additional sheet if necessary. | | |
| **Last name:** | |  |
| **First name:** | |  |
| **Title:** | |  |
| **Organization and department:** | |  |
| **Telephone:** | |  |
| **Email:** | |  |
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| 1. **Research proposal summary (project or activity)** |
| **NOTE:** Do not complete this section if the protocol submitted for a research project or activity has undergone independent scientific peer review. In this case, submit the documents used for this review as well as the results. Otherwise, if the research activity has not been subject to independent scientific peer review, provide a summary including the information below. For a multi-stage activity, provide only the information related to the stages that have not yet been subject to an ethics review request. |
| 1. Theme and nature of the research activity (project): |
| 1. Problem to be addressed and objectives or hypotheses: |
| 1. Context and results of the literature review:      1. Reference framework or theoretical framework of the activity: |
| 1. Methodology: |
| 1. Activity start date: 2. Approximate activity end date: |
| 1. Recruitment start date: |
| 1. Expected results: |
| 1. Database or biobank description, if relevant:      1. Data or databank/biobank management plan: |
| 1. **Research activity funding**   **NOTE:** Specify the type of funding (e.g., grant, contract, sponsorship, scholarship), including in-kind contributions. If the funding is provided through a contract, attach it as well as a copy of the budget. If the activity is not funded, please indicate so. |
| 1. Nature: |
| 1. Funding organization: |
| 1. Program and issuance number: |
| 1. Partner’s name: |
| 1. Issuance title (if different from title of activity assessed): |

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| 1. **Research participants** |
| 1. Participants’ inclusion criteria: |
| 1. Participants’ exclusion criteria: |
| 1. Characteristics of potential participants: |
| 1. Age groups: |
| 1. Gender: |
| 1. Professional status: |
| 1. Other specificity (e.g., First Nations): |
| 1. Number of expected participants and justification: |

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| 1. **Participant recruitment** |
| 1. Where and how will potential participants be recruited? |
| 1. Have you received any authorization to recruit at these locations? Yes  No  If yes, attach a copy of the authorizations obtained. |
| 1. What information is disclosed during recruitment?   Who makes the presentation and when?  Attach any document used for this purpose in the preferred language(s) of potential participants. |
| 1. Will minors, e.g., individuals under the age of 18 under the Civil Code of Québec, or incapacitated adults be invited to participate in this research activity? If yes, describe the recruitment procedure that will be used (including any form of assent). |
| 1. Describe the process for obtaining consent ensuring free, informed and continuous consent – for example, by signing an information and consent form, by reading an information and consent document prior to a survey, by reading a script if the context of the research does not allow for the use of the written mode, by video recording. Specify when the information (or the form) related to obtaining consent will be sent to potential participants, in what language it will be sent and attach any document that will be used to obtain consent.   **NOTE :** Any consent and documents used for this purpose must be available in the participant's preferred language. |

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| 1. Procedure and terms of participation | |
| 1. Describe what the participants will be expected to accomplish during the research activity and the total time of participation required: | |
| 1. How many sessions will participants be required to collaborate on? |  |
| 1. How long will each session last? | |
| 1. Where will the sessions take place? | |
| 1. Will any instrumentation be used in the research activity? If so, describe the instrument as well as its functions and use, and attach all the guides, documents and questionnaires that will be used during the activity. | |
| 1. Describe who will intervene with the participants and the mode of intervention. | |
| 1. Will participants receive financial compensation, any incentive or any other form of payment for their participation? If so, explain the nature, methods and reasons. | |
| 1. Describe the confidential data concerning the participants (medical records or other data) to which access will be necessary in the context of the activity.   Do you have authorization for this access? Yes  No  If yes, please attach authorization.  NOTE: The collection, use and disclosure of personal information must comply with applicable laws. Please also note that personal information collected for the purpose of the research activity must be at the lowest possible level of identifiability. | |
| 1. Does the activity include a post-research follow-up period? Yes  No  If yes, describe the process used. | |
| 1. In the event of a participant's withdrawal, describe the process and what will be done with the data and human biological material collected up to the time of withdrawal.   NOTE: In the event of a participant's withdrawal, that individual has the right to have all data and samples collected up to the time of the withdrawal destroyed. Otherwise, the lead researcher must provide the REB with the reasons why such destruction is not possible. | |
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| 8.11. Describe how the results of the research activity will be communicated to participants (see information and consent form). | |
| 1. Is a secondary use of the data planned? | |
| 1. Is there a possibility of commercialization of the research results? | |

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| 1. **Advantages, risks and disadvantages for participants**   **NOTE :** Risks to be considered are all anticipated risks, whether physical, psychological, spiritual, material, social, economic, academic, etc., or related to access to personal information. |
| 1. What are the advantages of participation for the individual, the development of knowledge, or a similar group if they are minors or incapacitated adults? |
| 1. What are the risks of this participation for the individual (nature, possibilities, severity, probability, predictability, reversibility) and, in certain cases, for his/her family? Describe the means implemented to minimize these risks. |
| 1. What are the disadvantages of this participation for the individual (e.g., length of an interview)? Describe the means implemented to minimize these disadvantages. |
| 1. Are these advantages, risks and disadvantages presented to potential participants? If yes, describe how (see information and consent form). |
| 1. What criteria are considered for suspending or terminating an individual's participation on the part of the research team? |

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| 1. **Participation confidentiality** |
| 1. What means are in place to ensure participation confidentiality? Explain. |
| 1. What means are in place to protect the participation confidentiality in the case of scientific publications or communications? |

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| 1. **Data and human biological materials’ confidentiality** |
| 1. Identify the individuals who will collect the data and human biological materials. |
| 1. Identify the individuals and organizations that will have access to the data and human biological materials. |
| 1. What means are in place to ensure the confidentiality of the data and human biological materials, such as anonymization, anonymity or coding? |
| 1. Describe the ways in which the data and human biological materials are collected and specify the location of the storage of such data and material. |
| 1. Specify whether the data or human biological materials collected will be combined with other data or human biological materials. |
| 1. How long will the data and materials from the research activity be retained before they are destroyed? Where and under whose responsibility will the data and materials be stored? How will they be destroyed?   **NOTE :** This period must be a minimum of 7 years and may be longer depending on applicable requirements (e.g., 10 years for engineering research). A maximum retention period must be indicated and justified. |

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| 1. **Conflict of interests**   **NOTE :** A conflict of interests consist of an incompatibility between two or more duties, responsibilities or interests (personal or professional) of an individual, an institution and a funder in the context of ethical conduct, so that one cannot adequately fulfill one without compromising the other. The conflict of interest may be real, potential or perceived. Refer to Chapter 7 of TCPS 2 (2022) on this topic. |
| 1. Does the principal investigator or any member of his/her research team have a real, potential or perceived conflict of interests?   Yes  No  If yes, how do you propose to manage this conflict of interests? |
| 1. Does the NCS (or any of its staff member representing it) have a real, potential or perceived conflict of interests with respect to the proposed research activity?   Yes  No  If yes, how do you propose to manage this conflict of interests? |
| 1. Does the organization funding the proposed research activity have a real, potential or perceived conflict of interests with respect to the proposed research activity? Yes  No  If yes, how do you propose to manage this conflict of interests? |
| 1. Are there any restrictions on the disclosure of the results of this research activity? |

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| 1. **Activity contact person**   Identify a contact person within the research team able to answer questions or inquiries from participants. | |
| **Last name, first name:** |  |
| **Title:** |  |
| **Telephone:** |  |
| **Email:** |  |
| 1. **Principal investigator or NCS’s lead researcher commitment**   I, the undersigned, agree to comply with, and to ensure that my team complies with, the National Circus School's [*Institutional Policy on Ethical Conduct for Research Involving Humans*](https://ecolenationaledecirque.ca/wp-content/uploads/2022/06/politique_institutionnelle_sur_lethique_de_la_recherche_avec_des_etres_humains_12.12.2018_approuvee_par_ca_lg.pdf)and the requirements for such research in Quebec and Canada, including the most recent version of the *Tri-Council Policy Statement: Ethical Ethics of Research Involving Humans.*  I have read the content of this application and I am institutionally responsible for it. The information provided therein is true, accurate and complete.  I undertake, for the duration of the research activity, to inform the REB of any change to the research activity submitted for review before it is made, to await the approval of said change before implementing it, to comply to the REB's requests regarding the change and to ensure that a brief report on the progress of the research activity is provided to the REB according to the methods and frequency determined by the latter .  I undertake to inform the REB of the termination or cancellation of the research activity.  I undertake to inform the REB as soon as possible of any unforeseen side effects that the research activity may have on the participants.  I understand that if I do not inform the REB of any changes made or of any unforeseen side effects, or if I do not carry out the research activity as described, the ethics approval issued by the REB may be cancelled. | | |
| **Principal investigator or NCS’s lead researcher name:** | | |
| **Principal investigator or NCS’s lead researcher signature:** | | |
| **Date:** | | |
| Please note that the name of the principal investigator or the name of the person responsible for the project at the National Circus School (if different) and the project title (and only this information) will be included in the REB annual report.  Note: This version of the document is dated December 13, 2022. Its content is inspired by the Collège La Cité ethics review request form. | | |