**SCIENTIFIC RESEARCH LICENCE APPLICATION**

**HEALTH RELATED RESEARCH**

Before completing this application form, please carefully review the following documents:

* “Obtaining a Research License under Nunavut’s Scientists Act: A Guide for Applicants” (available at <https://www.nri.nu.ca/licensing-resources>); and
* Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans – TCPS 2 (2018) available at: <https://ethics.gc.ca/eng/policy-politique_tcps2-eptc2_2018.html>

**IMPORTANT**

Please be advised your application cannot be processed until you submit all necessary supporting documents, including:

* confirmation of approval from your institutional research ethics board (REB);
* plain language summary and participant consent forms (translated to Inuktut);
* full research protocol;

These attachments can be uploaded with your online application, or submitted by e-mail, in the following formats: MS Word, Adobe PDF or jpeg.

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| **SECTION 1: APPLICANT INFORMATION** |

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| **1. Project Title** |  |

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| **2.** | **Applicant’s full name and mailing address:** |  |  |
|  |  | Phone: |  |
|  | Fax: |  |
|  | Email: |  |
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| **3.** | **Project Supervisor’s name and mailing address:** |  |  |
|  |  | Phone: |  |
|  | Fax: |  |
|  | Email: |  |
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| **4.** | **Research team members (name, position, affiliation)** |  |  |
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| **SECTION 2: AUTHORIZATION NEEDED** |

**Institutional Research Ethics Board Approval**

**Has your project been reviewed and approved by an Institutional REB?**

**Yes** **[ ]  No** **[ ]**

If Yes, please attach the certificate of approval. If No, please attach documentation to explain why REB approval has not been obtained.

**Please list any other authorizations or permits required for your project.**

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| **Authorization type:** | **Status:** |
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| **SECTION 3: PROJECT TIMELINE** |

**Planned dates for research activities in the current calendar year:**

**Start date:**

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| **Day/** | **Month/** | **Year** |

**End Date:**

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| **Day/** | **Month/** | **Year** |

**\*Please advise NRI immediately if you need to change your research field dates in the current year.**

**Is this application for a new multiyear research project?**

Yes [ ]  No [ ]

**If Yes, please provide the anticipated completion date (month/year) for the multiyear research.**

**Multiyear Project Completion Date:**

|  |  |
| --- | --- |
|  |  |
| **Month/** | **Year** |

**Is this application to renew an existing multiyear research license?**

Yes [ ]  No [ ]

\*You must submit a full application to renew a multiyear license if there are changes to your research locations or to your study design. Multiyear research licenses may be renewed for two consecutive years without a full new application.

**Locations of Research in Nunavut**

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| **Community name:** |  |
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**SECTION 4: NON-TECHNICAL PROJECT PROPOSAL DESCRIPTION**

Please attach a non-technical description of the project proposal, no more than 500 words, in English and Inuktitut (+Inuinnaqtun, if in the Kitikmeot). The project description should outline the following:

* Project Title;
* Lead Researcher’s Name and Affiliation;
* What research questions does the project hope to answer?;
* What are the research objectives and why is the study needed?;
* Where, when, and for how long will the field research be undertaken?;
* What methods will be used to conduct fieldwork?;
* What impacts will the research produce to the environment, wildlife, or people?;
* How will the data generated by the research be stored and managed?;
* How will Nunavut residents be involved in the research?; and
* How, when, and to whom will the research results be shared in Nunavut?

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**SECTION 5: DETAILED DESCRIPTION OF RESEARCH**

Please attach a full project protocol detailing the following information:

Overall Program

* Rationale, goals & objectives for the project
* Will the research be undertaken in conjunction with or in support of any current health initiatives in Nunavut? If so, reference the programs and explain the relationship.
* Explain the role of Nunavut’s Department of Health (DOH) in the research and describe any support you will required from DOH staff or facilities to conduct the research
* Identify the primary sources of funding for the research project

Methodology

* Techniques and protocols for sample collection and analysis
* Justification for the selection of the study methodology
* If interviewing the participant is required, provide a list of questions to be posed
* Location of research and rationale for selecting specific communities or individuals for your research

Primary data and information

* Short & long term use of data
* Accessibility to data
* Short & long term storage of data
* Disposal of data
* Other uses of data (will data be shared with other researchers for research purposes unrelated to the current project?)
* Intellectual property rights/ownership of data

Biological Samples

* Type and amount of biological materials to be taken;
* Manner in which biological materials will be taken, and the safety and invasiveness of the procedures for acquisition;
* Intended uses of the biological materials, including any commercial use (Note: a separate research license is required for secondary use of human biological materials originally collected for a purpose other than the current research purpose);
* Measures employed to protect the privacy of and minimize risks to participants;
* Length of time the biological materials will be kept, how they will be preserved, location of storage (e.g., in Canada, outside Canada), and process for disposal, if applicable;
* Anticipated linkage of biological materials with information about the participant.

Medical chart reviews

* + Request for a waiver of consent to use personal medical information that was collected for purposes other than the current research. (Note: refer to the guidance document: *Health Research in Nunavut: Special Considerations for Remote Data Collection*)

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| **SECTION 6: PARTICIPANT CONSENT FORM** |

Please attach a copy of the actual consent form that will be used during the proposed study. Consent forms must be in English and Inuktitut (+Inuinnaqtun, if in the Kitikmeot). Components of the participant consent form must include:

* Project title;
* The principal investigator’s name, address, e-mail address, and phone number;
* A description of the research being conducted, including the purpose, objectives, aims of the study at a reading comprehension level that is appropriate for the participant;
* A description of the activities/tasks that the participant will complete for the research, and an estimated time commitment for taking part, at a reading comprehension level that is appropriate for the participant;
* A clear description of any potential risks that may be associated taking part in the research;
* Details of any financial remuneration, incentive or other compensation to be provided to the participant for taking part in the research;
* A statement of informant rights:

*“I have been fully informed of the objectives of the project being conducted. I understand these objectives and consent to being interviewed for the project. I understand that steps will be undertaken to ensure that this interview will remain confidential unless I consent to being identified. I also understand that, if I wish to withdraw from the study, I may do so without any repercussions."*

* Details on the type of data that will be collected from the participant and how privacy and confidentiality will be maintained;
* Conditions for release of recorded information;
* Printed name of participant, signature of participant, date of consent.

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| **SECTION 6: COMMUNITY INVOLVEMENT & CONSULTATION** |

**1. List the organizations and individuals in Nunavut that you have consulted with regarding this research:**

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| **Community** | **Name** | **Organization** | **Date Contacted** |
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**2. Describe the role Nunavut residents or local/regional organizations will play in the research project?**

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**3. Describe any local services and/or logistic support that you will require to undertake the research (e.g. accommodations, outfitting, translation, sample collection, etc.).**

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**4. What potential risks does the research pose for Nunavut residents and how will risks be mitigated?**

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**5. Will your project require assistance from the Department of Health (DOH) (e.g. funds, time, facilities, data access, etc.)? If so please clearly describe the DOH’s role in your research project and include confirmation of departmental support for your research.**

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**SECTION 7: GENERAL**

1. **Do you give NRI permission to publish project information in the Nunavut Research Institute Annual Compendium of Research Undertaken in Nunavut?**
* YES
* NO

**Applicant:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Signature** |  | **Title** |  | **Date** |