

RESEARCH APPLICATION

All research done in the Dufferin-Peel Catholic District School Board must be approved by the board. As per board policy, research that falls outside of board operations and/or direction must be submitted to the Superintendent of Program for review and approval by Dufferin-Peel's Research Committee. The application shall consist of one original and twelve (12) copies submitted prior to the deadline dates. Feedback regarding each submission will be given four to six weeks after the closest deadline date. Please refer to the Dufferin-Peel website for application deadline dates.

Please be advised that all research proposals must adhere to the moral teachings of the Catholic Church.

APPLICANT INFORMATION

Name _____ Date _____

Address _____ Tel. (Primary) _____

_____ Tel. (Additional) _____

Email _____ Fax _____

Position _____

Institution or Agency _____ Tel. _____

PROJECT DESCRIPTION

Title of Research Proposal:

Preferred Start date: _____

Nature of Research

Undergraduate Thesis Masters Thesis Doctoral Thesis

University Faculty Research Qualifying Research Paper

Externally-sponsored Project (please specify sponsoring/funding agency): _____

 Other _____

This is to certify that the proposal has been examined and meets:

- the standards for ethical conduct for research involving humans
- standards for sound research design and methodology
- Please attach the ethics approval documentation. **Applications received without such documentation will not be reviewed.**

2) Objectives of Research:

Why is it necessary to conduct this study in the school system, as opposed to youth clubs or random dwelling sampling?

3) Practical Benefits of Research and/or Contribution to:

a) Dufferin-Peel Catholic District School Board

b) Educational Knowledge

4) Data Collection:

a) Describe how you plan to recruit/access your proposed subjects. Please note that the board does not provide support related to access to schools, resources, and/or recruitment.

b) Subjects:

Number of schools required: _____

List the name of preferred schools (if any) to be involved in this study:

(Note: Approval of this application does not obligate any department or school to participate in any research. The decision to participate in a research project is always the prerogative of the school board and proposed school administrators, teachers and/or support staff.)

Complete as applicable:

Students Grade ____ Number ____ Time Required ____

Grade ____ Number ____ Time Required ____

Grade ____ Number ____ Time Required ____

Teachers Grade ____ Number ____ Time Required ____

Grade ____ Number ____ Time Required ____

Grade ____ Number ____ Time Required ____

Parents Grade ____ Number ____ Time Required ____

Grade ____ Number ____ Time Required ____

Grade ____ Number ____ Time Required ____

Other staff _____

b) **Facilities required (e.g., small room, quiet space):** _____

c) Instruments: (List all tests, questionnaires and measures to be used **and attach copies for review**)

5) Research Design:

a) Methodology:

b) Informed Consent Procedures:

Describe the process for gathering consent from all participants. **Please include copies** of all consent forms (i.e., staff, parental consent, and student assent, as applicable)

c) Criminal Reference Checks:

All research staff requiring face-to-face contact with students must present an original and current (within the last six months) Criminal Reference Check for the Vulnerable Sector to the school principal(s).

d) Data analysis procedures:

e) Security Procedures (e.g. procedures for storage, removal of personal identifiers, data retention and final disposal of items such as audio/video tapes/files, hardcopy and electronic files):

6) Timelines

a) Proposed start of data collection: _____

b) Expected end of data collection: _____

c) Expected date of submission of the full research report and summary to the Office of the Superintendent of Program:

7) Provision for Feedback:

It is required that, at minimum, an executive **summary** of the completed report be submitted to the participating schools. Please describe how you will share the research findings with the following participants:

a) Participating schools: _____

b) Parents and students (if applicable): _____

8) Publication/knowledge exchange plans:

Please describe the publication and/or knowledge exchange plans for this research (e.g., publication in peer-reviewed journals, conference presentations, etc.):

SIGNATURES

I have read all documentation regarding research applications. I have further completed all requirements listed in this application, and have appended all copies of required documentation. I understand that approval by the Dufferin-Peel Research Committee does not guarantee school participation and that all participation in the research project is the prerogative of the school administrator and staff.

Signature of Researcher

This is to certify that the above described research proposal has been vetted for its academic soundness.

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

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

Name of Organization

**RETURN TO: Diana Cromarty
Administrative Assistant
Program Department
Dufferin-Peel Catholic District School Board
40 Matheson Boulevard West
Mississauga, Ontario L5R 1C5**