# Application for Approval of a Research Study

Contact TVCC’s Director of Quality Management at [karen.lowry@tvcc.on.ca](mailto:karen.lowry@tvcc.on.ca) before completing this application.

* Read the Guidelines and Procedures for Research/Evaluation Studies Involving TVCC Clients and Families including the Role of the TVCC Research Contact and Guidelines for Initial Contact with TVCC Clients and Families for Participation in Research Studies available through the TVCC Research Team.
* Use professional or technical terminology that is understandable to those without knowledge of your area of expertise. Explanations of terminology will greatly assist the review of your proposal.
* You may type text directly into this form or copy and paste from another document.
* Send this form with attachments and CVs to [research@tvcc.on.ca](mailto:research@tvcc.on.ca). If you’re not comfortable sending your information by email, please contact us to talk about other options.
* If a grant proposal has been prepared for another institution, please include a copy of that complete proposal along with this application.

1. **Study Title**:
2. **Principal Investigator (PI)**:

Title / Position:

Affiliation:

Mailing Address:

Street:

Room #:

City:

Province:

Postal Code:

Telephone:

Email:

Administrative Contact Name:

Administrative Contact Telephone:

Administrative Contact Email:

1. **Signature of PI**: 

Date:

1. **Submission Date**:
2. **Names and Affiliations of Other Investigators**

| **Name** | **Title / Position** | **Affiliation** | **CV Attached** |
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Attach an abbreviated curriculum vitae (3 pages each) with the following format for all investigators.

**Name**

**Position**

**Education**

**Positions and Employment**

**Selected Peer-review Publications (from last five years or ten most relevant):**

**Grants Received in the last five years**

1. **Student Project**

Is this a student project? Yes  No

If yes, provide Supervisor’s Name:

Supervisor’s title:

***I have reviewed and approved the materials in this application***.

Supervisor’s signature: 

Supervisor’s abbreviated curriculum vitae is attached, in the format described above.

1. **Ethics Approval**

Has the project received ethics approval from a university?

Yes  Submitted, not yet approved  To be submitted

Which university?

If approved, dates of approval: from: to:

If not yet approved, date submitted or planned submission date:

A copy of the ethics approval letter is attached: Yes  No

***The Research Program must receive a copy of the ethics approval letter before any potential participants will be contacted.***

1. **Funding**

Has the project received grant funding? Yes  No

If yes, from which agency or institution?

Amount of award:

Duration of award (dates):

1. **Abstract (100 words maximum)**

Please include a general abstract of the project in easy-to-read language that will be used in TVCC publications.

1. **Aim/Hypothesis**

Please describe the aim of the study or hypothesis to be tested.

1. **Procedures Not Part of Ordinary Services**

List all procedures to be done for the purpose of this study that are not part of ordinary services provided to the participants.

1. **Summary of Proposed Research (10 pages total, excluding references)**
2. Background, literature review and justification (*1 page maximum*)

Briefly summarize knowledge base and past research leading to this study.

1. Research objectives (*1 page maximum*)

Provide a clear statement of the purpose and objectives of the project.

1. Participants (1 page maximum)

Number of participants from TVCC

Clients:

Families / Caregivers:

Therapists / Service Providers:

Others:

Enter numbers and explain. If relevant (e.g., multi-centre study), please provide a breakdown of the number of participants from TVCC and other sources.

Describe the participants to be included in the study and any inclusion and exclusion criteria.

1. TVCC Staff Assistance in Data Collection

If TVCC staff members will be assisting in the collection of data for the study, there will need to be an agreement in place about the availability of staff time for this and reimbursement to TVCC for costs, Please give details of proposed TVCC staff involvement.

e. Methodology (*3 pages maximum*)

Describe the study design and what procedures will be carried out at each stage of the research.

Describe the method of recruiting participants, who will be contacting them, and where the research will be conducted.

Explain why a particular design was selected.

Address the strengths and weaknesses of the selected design.

f. Measures (*2 pages maximum*)

Describe and provide psychometric information and justification for all study measures.

Attach copies of each of the measures.

State who will be administering/completing the measures.

g. Analysis (*1 page maximum*)

Describe in detail how the data will be analyzed to fulfil each study objective.

h. Sample Size and Power Calculation / Reference (*1 page maximum*)

Provide a sample size calculation or power calculation.

If a table in a published source was used instead of a calculation, provide description and the reference(s).

If a software package was used, provide a description of the package used with the URL for internet-based packages.

If a calculation was not performed, justify why it is not required or possible, and give a rationale for the proposed number of subjects.

i. Reference List

Please include the 10 most relevant references.

j. Letter(s) of Explanation

Please attach all Letters of Explanation to participants.

k. Participant Consent Form(s)

Please attach all Participant Consent Forms.

1. **Risks and Discomfort Involved**

Discuss the risks and discomforts of the proposed research, specifying the particular risks and discomforts associated with each procedure or test.

Will management or treatment be prolonged or delayed?

Are any standard therapies or diagnostic procedures to be withheld for the purpose of the study? If yes, please specify the risks and benefits to the participants.

1. **Time to Complete Project**

Total length of time for the project, years and/or months: Enter

Start date: Completion date:

Projected length of time for each different phase of the project (data collection, analyses, etc.):

1. **Confidentiality**

Describe the procedures for preserving the confidentiality of participants. Explain how written records, recordings and questionnaires will be stored and disposed of after the study is completed.

1. **Communication of Findings to TVCC Staff and Clients / Participants**

Describe your plans for providing TVCC staff and participants with information about the findings of the research project.

1. **Describe Other Plans for Presenting and Publishing Study Results**

1. **Briefly Discuss the Relevance of the Research to TVCC**

# Checklist for Application for Approval of a Research Study

*To be included with your application*

**Before submitting this application**

Submit (or be prepared to submit) this project to a university ethics review committee.

Contact the TVCC Director of Quality Management who will identify the appropriate clinical program Director to ask for support for the study.

Date of Contact:

Comment:

Contact and discuss the study with the appropriate Director and made arrangements for them to complete the Summary of Staff and Program Management Support section of the application form to give to the Research Officer. If TVCC staff will be paid to assist with the study, an agreement regarding that funding must be arranged with the program Director.

Name of program Director:

Program:

Date of Contact:

Arranged for Director to complete application page Comment:

Discuss with the program Director which TVCC staff member will be the Research Contact.

Name of Research Contact:

Comment:

**Attach to the application**

Curriculum vitae of all investigators as described in the application form

Copy of my Ethics Approval Letter if available or

I will send a copy of the Ethics Approval Letter as soon as I receive it.

Copies of the measures to be used in the study

**To submit the application**

Send this entire form with attachments and CVs to research@tvcc.on.ca. If you’re not comfortable sending your information by email, please contact us to talk about other options.

## Do not include this page with your application

**This page is included in the application to let the applicant know the types of information requested from the RAC Chair and the Program Director.**

**Section to be completed by TVCC Research Advisory Committee Chair**

*The RAC Chair will fill out this section after the application has been received by the Research Program. The Research Program will add this page to the application.*

**FULL TITLE OF PROJECT**

**Potential Burden to Clients and Families of TVCC (Given Other Ongoing Research)**

RAC Chair Signature: 

Date:

**Investigators are to arrange before the submission date for the Program Director to fill out this section.**

*The Research Program will add this page to all of the application copies.*

**Section to be completed by TVCC Clinical Program Director**

Summary of Staff and Program Management Support

**FULL TITLE OF PROJECT**

Please indicate the pros and cons of your Program’s (or the Centre’s) involvement with this project. Briefly discuss the impact that this project may have on clinical practice.

Are you in agreement with the plans outlined for how the study findings will be shared with TVCC staff and/or participants?

If the investigator(s) is (are) not Centre staff, please indicate the name of designated Research Contact person at the Centre for this project:

TVCC Research Contact: Program:

Will TVCC staff be paid to assist with the study? Yes No

If yes, an agreement regarding that funding must be arranged between the Program Director and the Principal Investigator should the study be approved by the Research Advisory Committee.

Signature Clinical Program Director: 

Date:

Clinical Program:

Application for Approval of a Research Study | 2020-10-27  
Research Program | Kathryn Hayman | 519-685-8700 ext. 53405  
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