



## Administrative Form 1015Fa

### *Research Application*

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#### Administrative Procedures Cross Reference:

[Conducting Research in the Brandon School Division](#)

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**Date Amended:** May 2019

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Brandon School Division welcomes researchers and appreciates the efforts to support student achievement. Numerous applications for research are received annually and we regret that not all projects can be accommodated. The Research Advisory Committee **will not consider** incomplete applications. It is the responsibility of the researcher to ensure that the essential information necessary for the Committee to make an informed decision is provided in the application. [Administrative Procedure 1015](#) outlines the requirements.

#### 1. Overview

Date of application: \_\_\_\_\_

Title of research: \_\_\_\_\_

Proposed start date: \_\_\_\_\_ End date: \_\_\_\_\_

Research Level:

Faculty Research

Doctoral Research

Master's Research

Undergraduate Research

Summary of primary research question/focus:

Alignment with BSD priorities:

*Complete if applicable:*

Name of sponsor/thesis advisor: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

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

Institution: \_\_\_\_\_

## **2. Applicant Information**

**Primary researcher:** \_\_\_\_\_

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

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

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

Position title: \_\_\_\_\_

Institution/Organization: \_\_\_\_\_

**Other researcher (1):** \_\_\_\_\_

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

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

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

Position title: \_\_\_\_\_

Institution/Organization: \_\_\_\_\_

**Other researcher (2):** \_\_\_\_\_

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

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

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

Position title: \_\_\_\_\_

Institution/Organization: \_\_\_\_\_

**Other researcher (3):** \_\_\_\_\_

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

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

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

Position title: \_\_\_\_\_

Institution/Organization: \_\_\_\_\_

**Research Assistant or anyone else involved in data collection:**

Name: \_\_\_\_\_

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

Affiliation: \_\_\_\_\_

**3. Ethics Approval - required**

Attached:      yes              no

Comments:

**4. Research Study Information**

**Copies of all questionnaires, testing instruments, and informed consent letters are required.**

Research question and objectives:

Research design and methods of data collection:

List of research tools (programs, questionnaires, etc. – all questionnaires attached)

Locations/facilities:

Participants and recruitment:

	<b>Students</b>	<b>Staff</b>
Number of participants		
Required demographics (age range, gender proportion, etc.)		
Method of recruitment		
Number of sessions:		
Approximate length of each session:		
Maximum length of each session:		
Testing procedure: individual vs. group		



- Is there any relationship (current, pre-existing, or expected) between the researcher(s) and the participants (e.g. instructor/student; manager/employee; co-workers; family members; intimate relationships)?
- If yes, please describe any safeguards and/or procedures to prevent possible undue influence, coercion or inducement given the power differential

Risk to Participants

- List and indicate how they will be managed

Potential Benefits

- To participants
- To Brandon School Division
- To field of research
- To field of education

- To general community
- To scientific community

#### Confidentiality and Data Security

- What process are you using to protect the anonymity and confidentiality of your subjects?
- How are you securing the data in your research?

I have read Administrative Procedure 1015 – Conducting Research in the Brandon School Division and agree to the conditions under which research requests are granted by the Division.

Name of Primary Researcher: \_\_\_\_\_

Signature of Primary Researcher: \_\_\_\_\_

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

Name of Faculty Member/Thesis Advisor: \_\_\_\_\_

\*Signature of Faculty Member/Thesis Advisor: \_\_\_\_\_

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

\*If the Primary Researcher is a student, this application must be countersigned by the student's thesis advisor at the college or university to indicate that the advisor has read the proposal and deems it a valid and worthwhile research project.

Please submit completed applications to:

Office of the Superintendent/Chief Executive Officer  
Brandon School Division  
1031 – 6<sup>th</sup> Street  
Brandon, MB R7A 4K5

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Office Use:

Research Application

Copies of all questionnaires and testing instruments

Copies of informed consent letters for students (if applicable)

Copies of informed consent letters for teachers (if applicable)

Copies of informed consent letters for parent/guardian (if applicable)

Ethics approval