Please contact reb@durhamcollege.ca if you require assistance to complete this form.

For office use only:

Date Received: REB File #:

Section 1.0 Purpose

Secondary use refers to the use in research of information originally collected for the purpose other than the current research purpose.

Section 2.0 Instructions

For all users of this form, fill out all sections of this form. Submit **one** signed softcopy of this form along with all attachments to reb@durhamcollege.ca

Section 3.0 Project Information

Section 3.1 Principal Investigator (PI) Information

First Name: Last Name:

Position (i.e. faculty): Please select:

Institution:

Email Address:

Section 3.2 Team Information

Co-investigator First Name: Last Name:

Position (i.e. faculty): Please select:

Institution:

Email Address:

Co-investigator First Name: Last Name:

Position (i.e. faculty): Please select:

Institution:

Email Address:

Co-investigator First Name: Last Name:

Position (i.e. faculty): Please select:

Institution:

Email Address:

Co-investigator First Name: Last Name:

Position (i.e. faculty): Please select:

Institution:

Email Address:

*All student PI's **must** have a faculty Supervisor listed as a co-investigator. No exceptions.

Note: If you require additional slots, please attach a document to your submission with all necessary information.

Have all investigators completed the TCPS 2 CORE tutorial? This REB Application form will not be approved without submission of all certificates. Select:

Project 3.3 Project Information

Title of Research Project:

Proposed Start Date: Proposed End Date:

Has this application received a peer/scientific review? Select:

If Yes, by whom:

Funding Status: Please select:

Source/Agency Name:

Program:

Award Term Start Date: End Date:

Please indicate the Name of the PI on the funding application. If external to Durham College, please indicate the Institution as well.

First Name: Last Name:

Institution (if applicable):

Are there Multiple Funding Sources? Select:

(If Yes, please provide an attached document with all the information requested above for each funding source)

Section 3.4 Other Approvals/Permissions

Does this application require external approval or permissions? Select:

(If Yes, please attach the approval/permission to this application)

Section 4.0 Rationale & Research Details

Section 4.1 Proposed Research Information

Please describe in lay language the Research Questions, Background Rationale, and Hypothesis(es) if applicable.

Please describe who the participants will be and the number of participants required. Please mention what your exclusion criterion will be if applicable. Please mention all demographic details and characteristics (i.e. age, gender, etc.).

Describe the conditions in which the data was collected initially and the reasons why it was collected.

Please attach a copy of the consent form which was used originally for the initial data collection if possible.

Evaluate and comment on the degree of expectations the individuals who provided the information had regarding their data being kept confidential and unused for other purposes.

Section 4.2 Free and Informed Consent (if applicable)

Indicate from which organization(s) and/or institution(s) the data will be obtained from (if applicable).

(Attached a copy of the Approval(s) and/or Permission(s))

Indicate how you will obtain free and informed consent from Research Participants (if applicable).

(Attach a copy of the Consent Form and/or Information Letter that will be given to the Research Participants)

Section 5.0 Risk & Benefits Assessment

Section 5.1 Risk Assessment

Question	Response
a) Are there any possible Physical Risks (bodily contact, physical stress, administration of any substance, etc.)?	
b) Are there any possible Psychological Risks (feeling demeaned, embarrassed, worried, etc.)	
c) Are there any possible Social and Economic Risks (loss of status, privacy, reputation, etc.)?	
d) Are any possible risks to participants greater than those that they encounter every day?	
e) Is there any deception involved?	
f) Is there potential for participants to feel coerced into participating in the research?	

Section 5.2 Risk Description(s)

If you answered **yes** to any of the above, please explain what the risk is in detail.

Section 5.3 Risk Management

Describe how the risk(s) will be managed. If appropriate; include the availability of medical or clinical expertise, etc. Provide justification as to why a less risky alternative approach will not be used. If research includes deception, provide rationale and debriefing plans.

Section 5.4 Benefits to the Participant

Discuss any potential direct benefits to the participants from their involvement in this project. Comment on the potential benefits to the community that would justify involvement of participants in this study.

Section 6.0 Data Storage & Confidentiality

Section 6.1 Privacy and Confidentiality

Specify how you will ensure the anonymity of the research participants. If anonymity is not to be guaranteed, explain how the research participants will be informed of that fact.

Specify who will have access to the data collected, where the data will be stored, how long the data will be preserved, and what particular measures will be taken to ensure its confidentiality.

Section 7.0 Signatures

Section 7.1 Principal Investigator Signature

- ☐ I certify the information provided in this Application is complete and accurate. I have complied with the TCPS 2 (2022) and Durham College's policies and procedures governing the protection of human participants in research.
- ☐ I will report any adverse or unanticipated events (unanticipated negative consequences or results affecting participants) to the Durham College REB as soon as possible.
- ☐ Any additions or changes in the research protocol approved will be submitted to the Durham College REB prior to implementing them.
- ☐ If my research remains for more than the original expiry date of one year, I will renew annually in accordance with the Tri-Council Policy Statement.
- ☐ I will complete and submit a Study Completion Form to the Durham College REB once the research has completed.
- ☐ I take full responsibility in ensuring that all other researchers involved in this research follow the protocol as outlined in the application.
- ☐ I am submitting my approved Researcher Institutional Permission Request form with this application.

Principal Investigator:	
Signature:	Date (yyyy-mm-dd):

Section 7.2 Co-Investigator Signature

☐ I certify the information provided in this Application is complete and accurate. I have complied with the TCPS 2 (2022) and Durham College's policies and procedures governing the protection of human participants in research.

☐ I will report any adverse or unanticipated events (unanticipated negative consequences or results affecting participants) to the Durham College REB as soon as possible.

☐ Any additions or changes in the research protocol approved will be submitted to the Durham College REB prior to implementing them.

Co-investigator 1:	
Signature:	Date (yyyy-mm-dd):
Co-investigator 2:	
Signature:	Date (yyyy-mm-dd):
Co-investigator 3:	
Signature:	Date (yyyy-mm-dd):
Co-investigator 4:	
Signature:	Date (yyyy-mm-dd):

**If more signatures are required, attached additional pages to the submission

Notice of Collection: In accordance with Section 39(2) of the Freedom of Information and Protection of Privacy Act, 1990, the personal information collected on this form is collected under the legal authority of the Ontario Colleges of Applied Arts and Technology Act, 2002 and may be used and/or disclosed for managing Secondary Data from research projects. Your personal information may also be used for various administrative, statistical and/or research purposes of the College and/or ministries and agencies of the Government of Ontario and the Government of Canada. If you have any questions about the collection, use and disclosure of your personal information by the College, please contact the Freedom of Information and Protection of Privacy Coordinator, 2000 Simcoe Street North, Oshawa, ON, L1G 0C5, 905.721.2000 ext. 3292.