**INSTRUCTIONS**

* **All sections** of this application **MUST** be completed before it will be considered for JREB review
* **The following attachments must be included:** 
  + All previously approved REB materials, including the application, consent forms, recruitment materials, and any participant facing materials
  + REB approval confirmation
  + A copy of each applicant’s TCPS2 certificates (if not on file)
* All research must be compliant with:
* The Tri-Council Policy Statement, available at <https://ethics.gc.ca/eng/policy-politique_tcps2-eptc2_2022.html> The Ontario Personal Health Information Protection Act (2004), available at <http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_04p03_e.htm>
* Any other relevant regulations or guidelines

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| **SECTION 1: GENERAL INFORMATION** | | | | | | |
| 1a. | **Full study title:** | | | | | |
| **Recruitment site (Ontario Shores or Abilities Centre or Grandview Kids):** | | | | | |
| **Anticipated recruitment start date at Ontario Shores or Abilities Centre or Grandview Kids:** | |  | | | |
| **Anticipated recruitment end date at Ontario Shores or Abilities Centre or Grandview Kids:** | |  | | | |
| 1b. | **List all documents submitted for review (protocol/abstract/study summary and all recruitment material to be used at Ontario Shores or Abilities Centre or Grandview Kids, and if relevant, an approval letter from an external REB):** | | | | | |
| Document | | | | Version | Version Date |
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| 2a. | **Principal Investigator** | | | | | |
| Name: | | | Title: | | |
|  | | |  | | |
| Institution and Department: | | | Address: | | |
|  | | |  | | |
| City | Province | | Postal Code | | |
|  |  | |  | | |
| Email | | | Phone | | |
|  | | |  | | |
| 2b. | **Ontario Shores or Abilities Centre or Grandview Kids Contact/Local Investigator** | | | | | |
| Name: | | | Title: | | |
| Taryn Eickmeier | | | Executive Lead, Research, Innovation and Knowledge Mobilization | | |
| Institution and Department: | | | Address: | | |
| Grandview Kids  Research, Innovation and Knowledge Mobilization | | | 1461 Harwood Avenue North | | |
| City | Province | | Postal Code | | |
| Ajax | Ontario | | L1T 0R3 | | |
| Email | | | Phone | | |
| Taryn.Eickmeier@grandviewkids.ca | | | 437-529-5364 | | |
| 2c. | **Please describe in detail and sequentially, how recruitment will be conducted at Ontario Shores or Abilities Centre or Grandview Kids. Please refer to specific appendices with recruitment materials in this detailed description.** | | | | | |
| 2e. | **Will any study activity occur at Ontario Shores or Abilities Centre or Grandview Kids beyond recruitment?**  Yes  No  *If yes, specify:* | | | | | |

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| **SECTION 2: STUDY INFORMATION** | | |
| 3. |  | **Provide the contact information for the Research Ethics Board that approved this study.** |
| 4. |  | **Provide the risk level of the research deemed by the approving Research Ethics Board (i.e., minimal risk, above minimal risk), as well as the review pathway (i.e., full-board, delegated):** |

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| **SECTION 3: APPROVAL AND DECLARATION** | | | | | | |
| **Program Director/Manager Approval** - I am aware of proposed recruitment material/ study information and support its display and dissemination. I understand that further research activity will not be permitted without the full approval of the Ontario Shores – Abilities Centre – Grandview Kids Joint Research Ethics Board. | | | | | | |
|  |  |  |  |  |  |  |
|  | Program Director/Manager Name |  | Program Director/Manager Signature |  | Date |  |
|  | | | | | | |
| **Ontario Shores or Abilities Centre or Grandview Kids Local Investigator**  I am aware of proposed recruitment material/plan and accept responsibility for its display and/or dissemination at Ontario Shores or Abilities Centre. I agree to act as a “local investigator/contact person” should additional information be requested and understand that further research activity will not be permitted without the full approval of the Institution and the Ontario Shores – Abilities Centre – Grandview Kids Joint Research Ethics Board. I agree to notify the JREB if it is determined that study activity differs from what is approved herein. | | | | | | |
|  |  |  |  |  |  |  |
|  | Local Investigator Name |  | Local Investigator Signature |  | Date |  |