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| ***RESEARCH OFFICE FILE #*** |  | ***(office use only)*** |



Brandon University Research Ethics Committee (BUREC)

AMENDMENT APPLICATION

**Please save this file to your computer.**

**Please complete this form and include the necessary attachments (appropriate titled both in the document and as the file name – e.g. Appendix A, B, etc.) and submit electronically to** [**burec@brandonu.ca**](mailto:burec@brandonu.ca)**.**

**Hard copy applications will not be accepted.**

**All sections in this form will expand as necessary. As this is a locked form, spellcheck will not work. It is recommended that you prepare your responses to the questions below in another document for spellcheck purposes, then copy and paste the text into the appropriate answer field below. Questions about using the form should be directed to Shannon Downey, Administrative Officer to the Vice-President (Academic & Provost) and Research Ethics Officer, at (204) 727-9712 or** [**downeys@brandonu.ca**](mailto:downeys@brandonu.ca)**.**

PROJECT TITLE:

|  |  |
| --- | --- |
| PRINCIPAL INVESTIGATOR: | |
| **Name:** |  |
| **Mailing Address:**  *(BU faculty researchers need only list their Department/Faculty)* |  |
| **Telephone Number:** |  |
| **Email Address:** |  |
| FACULTY SUPERVISOR: (for Student Principal Investigators only) | |
| **Name:** |  |
| **Mailing Address:**  *(BU faculty researchers need only list their Department/Faculty)* |  |
| **Telephone Number:** |  |
| **Email Address:** |  |

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| --- | --- | --- | --- |
| Type of Project: (for Student Principal Investigators only) | | | |
|  | | **Undergraduate Thesis:** |  |
|  | | **Graduate Thesis:** |  |
|  | | **Other – Please identify:** |  |
|  | | **If this is a course project, please identify the course:** |  |
|  | **The Faculty Supervisor has read this application and has approved the submission of this application to the Brandon University Research Ethics Committee (BUREC).** | | |

**NOTE:**

* **Undergraduate students are limited to conducting research approved as minimal risk.**

ORIGINAL APPLICATION SUMMARY:

1. **Provide a brief summary of the original protocol project as approved by BUREC.**

AMENDMENTS FOR APPROVAL:

|  |  |  |
| --- | --- | --- |
| 1. **Are the requested amendments as a result of an adverse event?**   **NOTE: An adverse event is one that exceeds the level of response anticipated and provided for in the approved protocol that increases the level or risk.** | **Yes** | **No** |
| 1. **Do the requested amendments change the category of risk?** | **Yes** | **No** |
| 1. **Has the participant pool changed?** | **Yes** | **No** |
| 1. **Have recruitment procedures changed?** | **Yes** | **No** |
| 1. **Have the consent procedures changed?** | **Yes** | **No** |
| 1. **Have the research instruments changed (e.g. survey, questionnaire, etc.)?** | **Yes** | **No** |

1. **Provide a summary of the requested amendments.**

1. **Provide rationale for the requested amendments.**

ATTACHMENTS:

**Please check all amended attachments: Note: please ensure the revised text is highlighted to clearly identify the changes made.**

**Initial Contact Letters/Scripts**

**Consent Forms**

**Research Instruments (questionnaire, survey, etc.)**

**Debriefing Form/Template (for projects involving deception)**

**Confidentiality Agreement**

**Other: Please identify**