**Blue text on a black background

Description automatically generatedBrandon University Research Ethics Committee (BUREC)**

**renewal Application for Ethical Review of Research Involving Humans**

As per the BUREC Policies and Procedures, Section 5.5,

Ethics approval is granted for a maximum of (5) years with the continuing research ethics review requirement of an Annual Progress Report. Projects continuing beyond five years will require a renewal application in each year the project is continuing, and must be submitted prior to the certificate expiration. Renewal applications are subject to current policy/procedures, and revisions may be required to ensure compliance.

This Renewal Application Form is for longitudinal projects that extend beyond the five (5) year ethics certification period and is required for each year the project is active after the initial 5-year certification period.

## INSTRUCTIONS

1. Please be sure to download the most current application form from [www.brandonu.ca/burec](http://www.brandonu.ca/burec).
2. Save the Word document to your computer.

This is a locked form. All sections will expand as necessary. NOTE: Spellcheck will not work. It is recommended that you prepare your responses to the application questions below in another Word document for spellcheck purposes, then cut and paste in the text into the appropriate field below.

1. Forms shall be completed and submitted electronically. Hard-copy and hand-written forms will not be accepted. Preferred format is Microsoft Word.
2. Only applicable appendices as indicated in the application from will be reviewed by BUREC. Research proposals will not be considered as part of the ethics review and therefore should not be included as an appendix.
3. All appendices shall be clearly labelled and files saved appropriately (e.g. Appendix A, Appendix B, etc.).
4. The Principal Investigator shall complete the most current TCPS CORE Tutorial and provide a certificate of completion as an appendix with each new application submitted to BUREC. The TCPS CORE Tutorial can be accessed on the BUREC webpage at: [www.brandonu.ca/burec/policies](http://www.brandonu.ca/burec/policies).
5. Student supervisors shall review a student’s application before it is submitted. The supervisor is responsible for ensuring that the ethics application is complete. The supervisor shall be copied on all correspondence sent to BUREC.
6. All questions in the application shall be answered. Incomplete applications will be returned to the Principal Investigator.
7. A submission must be either approved or withdrawn within six (6) months of the initial BUREC review date, after which time a new ethics submission is required.
8. Applications shall be submitted to [burec@brandonu.ca](mailto:burec@brandonu.ca).

|  |  |  |
| --- | --- | --- |
| Research Office File #: |  | *(For Office Use Only)* |

## Project Title

## Research Team

|  |  |
| --- | --- |
| 1. **Principal Investigator:** | |
| Name: |  |
| How do you self-identify?  *(e.g. Dr., Mr., Ms., Mrs., Mx., etc.)* |  |
| Position:  *(e.g. Professor, Instructional Associate, Undergraduate Student, Graduate Student, etc. If outside of academia, please identify your job title and company/organization’s name)* |  |
| Mailing Address:  *BU Faculty researchers need only list their Department/Faculty* |  |
| Email Address: |  |
| Telephone Number: |  |

|  |  |
| --- | --- |
| 1. **Co-Investigator(s):** | |
| Name: |  |
| How do you self-identify?  *(e.g. Dr., Mr., Ms., Mrs., Mx., etc.)* |  |
| Position:  *(e.g. Professor, Instructional Associate, Undergraduate Student, Graduate Student, etc. If outside of academia, please identify your job title and company/organization’s name)* |  |
| Mailing Address:  *BU Faculty researchers need only list their Department/Faculty* |  |
| Email Address: |  |
| Telephone Number: |  |
| Name: |  |
| How do you self-identify?  *(e.g. Dr., Mr., Ms., Mrs., Mx., etc.)* |  |
| Position:  *(e.g. Professor, Instructional Associate, Undergraduate Student, Graduate Student, etc. If outside of academia, please identify your job title and company/organization’s name)* |  |
| Mailing Address:  *BU Faculty researchers need only list their Department/Faculty* |  |
| Email Address: |  |
| Telephone Number: |  |

***Additional Co-Investigators can be listed at the end of this application form.***

|  |  |  |
| --- | --- | --- |
| 1. **Faculty Supervisor (for Student Principal Investigators Only):** | | |
| Name: | |  |
| How do you self-identify?  *(e.g. Dr., Mr., Ms., Mrs., Mx., etc.)* | |  |
| Position:  *(e.g. Professor, Instructional Associate, Undergraduate Student, Graduate Student, etc. If outside of academia, please identify your job title and company/organization’s name)* | |  |
| Mailing Address:  *BU Faculty researchers need only list their Department/Faculty* | |  |
| Email Address: | |  |
| Telephone Number: | |  |
| Type of Project: | Undergraduate Thesis  Graduate Thesis - Date of Proposal Defence:  Other – Please Specify: | |
| The Faculty Supervisor has read this application and has approved the submission of this application to the Brandon University Research Ethics Committee (BUREC). | | |

|  |  |  |
| --- | --- | --- |
| 1. **Other Persons Involved in Data Collection**   ***NOTE: A Confidentiality Agreement is required for all other persons involved in data collection. Please include the Confidentiality Agreement Template as an appendix. For guidance, go to*** [***www.brandonu.ca/burec/policies***](http://www.brandonu.ca/burec/policies) ***to access the “Confidentiality Agreement – Research Assistant – Template”.*** | | |
| Name or Identity of Role  *(e.g. student, translator, transcriber, etc.)* | Status/Involvement  *Please detail the role/tasks of the other persons involved in data collection.* | Training/Qualifications  *Please identify what supports the PI will offer to the RA to mitigate risk to participants.* |
|  |  |  |
|  |  |  |
|  |  |  |

## Administrative information

|  |  |
| --- | --- |
| 1. The original project was approved as: | Minimal Risk  Moderate/High Risk |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Is this project currently funded? | | | Yes  No |
| *a.* | *If yes, please identify the funding agency:* |  | |
| *b.* | *If yes, what is the project title on the grant application?* |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Is funding being sought? | | | Yes  No |
| *a.* | *If yes, please identify the funding agency:* |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Was this project approved by another Research Ethics Board? | | | Yes  No |
| *a.* | *If yes, please confirm the REB Name:* |  | |
| *b.* | *If yes, is the ethics certification still active?* | | Yes  No |

|  |
| --- |
| 1. Briefly outline the research project and objectives (3000 character maximum – approximately ½ page) |
|  |

|  |  |  |
| --- | --- | --- |
| 1. Who are the research participants? | | |
|  | | |
| *a.* | Has this changed from the original application or from an approved amendment? | Yes  No |

|  |  |  |
| --- | --- | --- |
| 1. What is or was the inclusion and exclusion criteria used to identify potential participants? | | |
|  | | |
| *a.* | Has this changed from the original application or from an approved amendment? | Yes  No |

|  |  |  |
| --- | --- | --- |
| 1. How are or were participants recruited? | | |
|  | | |
| *a.* | Has this changed from the original application or from an approved amendment? | Yes  No |

|  |
| --- |
| 1. Outline the progress made in the past year. |
|  |

|  |
| --- |
| 1. Outline what progress is expected/planned in the next year. |
|  |

|  |  |  |
| --- | --- | --- |
| 1. Has there been an unanticipated issue/event in the past year? | | Yes  No |
| *a.* | If yes, describe the unanticipated issue/event. | |
|  |  | |
| *b.* | *If yes, was a report submitted to BUREC?* | Yes  No |

|  |  |  |
| --- | --- | --- |
| 1. During the past year, were there any material incidental findings? | | Yes  No |
| *a.* | If yes, was a report submitted to BUREC? | Yes  No |
| *b.* | *If yes, was a management plan developed and submitted to BUREC for approval?* | Yes  No |

## appendices:

|  |  |  |  |
| --- | --- | --- | --- |
| 1. The following indicate the appendices that are required with this Renewal Application. Please indicate the Appendix Name for each. | | | |
| *a.* |  | Original Approved Application | Appendix |
| *b.* |  | Annual Progress Reports to Date | Appendix |
| *c.* |  | Approved Amendment Applications (as applicable) | Appendix |
| *d.* |  | Approved Renewal Applications (as applicable) | Appendix |

***If you require assistance assembling the required appendix files, please contact Mrs. Shannon Downey, Executive Officer to the Provost and Vice-President (Academic) and Research Ethics Officer, at (204) 727-9712 or*** [***downeys@brandonu.ca***](mailto:downeys@brandonu.ca)***.***

**NOTE: New/proposed amendments require a separate Amendment Application Form and will not be accepted with this Renewal Application process.**

## Additional co-investigators (as applicable):

|  |  |
| --- | --- |
| Name: |  |
| How do you self-identify?  *(e.g. Dr., Mr., Ms., Mrs., Mx., etc.)* |  |
| Position:  *(e.g. Professor, Instructional Associate, Undergraduate Student, Graduate Student, etc. If outside of academia, please identify your job title and company/organization’s name)* |  |
| Mailing Address:  *BU Faculty researchers need only list their Department/Faculty* |  |
| Email Address: |  |
| Telephone Number: |  |
| Name: |  |
| How do you self-identify?  *(e.g. Dr., Mr., Ms., Mrs., Mx., etc.)* |  |
| Position:  *(e.g. Professor, Instructional Associate, Undergraduate Student, Graduate Student, etc. If outside of academia, please identify your job title and company/organization’s name)* |  |
| Mailing Address:  *BU Faculty researchers need only list their Department/Faculty* |  |
| Email Address: |  |
| Telephone Number: |  |
| Name: |  |
| How do you self-identify?  *(e.g. Dr., Mr., Ms., Mrs., Mx., etc.)* |  |
| Position:  *(e.g. Professor, Instructional Associate, Undergraduate Student, Graduate Student, etc. If outside of academia, please identify your job title and company/organization’s name)* |  |
| Mailing Address:  *BU Faculty researchers need only list their Department/Faculty* |  |
| Email Address: |  |
| Telephone Number: |  |
| Name: |  |
| How do you self-identify?  *(e.g. Dr., Mr., Ms., Mrs., Mx., etc.)* |  |
| Position:  *(e.g. Professor, Instructional Associate, Undergraduate Student, Graduate Student, etc. If outside of academia, please identify your job title and company/organization’s name)* |  |
| Mailing Address:  *BU Faculty researchers need only list their Department/Faculty* |  |
| Email Address: |  |
| Telephone Number: |  |
| Name: |  |
| How do you self-identify?  *(e.g. Dr., Mr., Ms., Mrs., Mx., etc.)* |  |
| Position:  *(e.g. Professor, Instructional Associate, Undergraduate Student, Graduate Student, etc. If outside of academia, please identify your job title and company/organization’s name)* |  |
| Mailing Address:  *BU Faculty researchers need only list their Department/Faculty* |  |
| Email Address: |  |
| Telephone Number: |  |
| Name: |  |
| How do you self-identify?  *(e.g. Dr., Mr., Ms., Mrs., Mx., etc.)* |  |
| Position:  *(e.g. Professor, Instructional Associate, Undergraduate Student, Graduate Student, etc. If outside of academia, please identify your job title and company/organization’s name)* |  |
| Mailing Address:  *BU Faculty researchers need only list their Department/Faculty* |  |
| Email Address: |  |
| Telephone Number: |  |
| Name: |  |
| How do you self-identify?  *(e.g. Dr., Mr., Ms., Mrs., Mx., etc.)* |  |
| Position:  *(e.g. Professor, Instructional Associate, Undergraduate Student, Graduate Student, etc. If outside of academia, please identify your job title and company/organization’s name)* |  |
| Mailing Address:  *BU Faculty researchers need only list their Department/Faculty* |  |
| Email Address: |  |
| Telephone Number: |  |