



**APPLICATION FOR PERMISSION TO CONDUCT A RESEARCH STUDY IN
PETERBOROUGH VICTORIA NORTHUMBERLAND AND CLARINGTON
CATHOLIC DISTRICT SCHOOL BOARD SCHOOLS**

OFFICE USE

RESEARCH APPLICATION NO.: _____

DATE RECEIVED: _____

— PLEASE PRINT OR TYPE —

1. Applicant's Name: _____

Residential Address: _____

Telephone Number: _____

E-mail Address: _____

2. Name of Institution/Agency: _____

Position Held: _____

Department: _____

Telephone Number: _____

Name of Staff Advisor: _____

3. Title of Proposed Research: _____

4. Check Where Applicable:	Undergraduate Thesis	<input type="checkbox"/>	Masters Thesis	<input type="checkbox"/>
	Doctoral Thesis	<input type="checkbox"/>	Other	<input type="checkbox"/>

5. If this is a funded research project, by whom is it funded? _____

6. Brief description of the project: _____

7. Purpose of the study: *(A statement of the problem and each hypothesis to be tested is required.)*

8. Research Design: *(Sampling procedure, how each hypothesis will be tested, etc.)*

9. Number of students required for sample:

Grade Level:

Special Facilities:

Information from school records:

10. Length of time of school involvement: *(Specify which months, the number of times you wish to be in the school, and length of each session.)*

11. How is the teaching or other staff to be involved?

12. Justification for requesting access to schools: *(ie. Why is it necessary to conduct this study in the school system as opposed to youth clubs or random dwelling sampling? Why should this study be of interest to the Board?)*

13. What is the direct benefit to students and/or staff or Board, for example, through presentation, materials, feedback, etc.?:

14. When can the committee expect to receive your completed report?

Agreement: *I hereby make application to conduct the research project or survey described in the attached materials. I have read and understood the Code of Ethics for Researchers, and agree to be bound by the terms of the Municipal Freedom of Information/Protection of Privacy Agreement, which I understand must be completed PRIOR to the commencement of any research. I furthermore agree that the decision of the Research Request Committee is final.*

Date: _____ Signature: _____

Information Collection Authorization: *Personal information on this form is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act, and will be used to determine eligibility for research projects. The information will be stored in Learning Support Services. Any questions with respect to this information should be directed to the Supervisory Officer - Learning Support Services.*

Users: Principal, Manager of Communications and Freedom of Information/Protection of Privacy

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