

IMPORTANT PLEASE READ:

Complete this form if you wish to conduct research involving Indigenous peoples in Canada. The questions below are taken from the TCPS2 (Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans version 2) to which the researcher is referred. Researchers may also consult the CIHR Guidelines for Health Research Involving Aboriginal People.

All relevant sections of this form must be completed. Attached documents may not be used instead of the standard form(s). Allow 2 to 4 weeks for the Office of Indigenous Initiatives (OII) to respond. This document is in accordance with the principles and spirit of the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans. Applicants are advised to familiarize themselves with this document.

Any personal information collected on this form will form part of the records held in the Office of Indigenous Initiatives. A copy of this form may be reviewed by external parties in order to meet legislative, audit and/or regulatory requirements. If you have any questions or concerns about the information collected, please contact the Office of Indigenous Initiatives at 705-474-3450 ext. 4899

Section 1: APPLICANT INFORMATION

Principal Investigator:	Department /Faculty:
Telephone:	Email:

Section 2: RESEARCH PROJECT DESCRIPTION

Please provide a detailed description of the proposed research	



Section 3: CRITICAL QUESTIONS - Please answer in detail

3.1 If the proposed research is likely to affect the welfare of Indigenous community/communities to which prospective participants belong, how will you seek engagement with the community/communities (see TCPS2 Articles 9.1, 9.2 and 9.10)?
3.2 If the research is to be conducted on lands under the jurisdiction of an Indigenous authority, how will you seek the engagement of formal leaders of the community/communities (TCPS2 Articles 9.3, 9.4, 9.5 and 9.6)?
3.3 If the research will critically examine the conduct of public institutions (including Indigenous governments or organizations) or persons exercising authority over Indigenous individuals, how will this be carried out in an ethical manner (TCPS2 Article 9.7)?



3.4 What steps have you taken, or will you take, to become informed about and respect the relevant customs and codes of research practice that apply in the particular community/communities affected by the research (TCPS2 Article 9.8 and 9.9)?
3.5 If you will be formally engaging with an Indigenous community through a designated representative, how will this be set out in a research agreement (TCPS2 Article 9.11)?
3.6 To what extent will collaboration, participatory involvement, and ongoing engagement characterize this research (TCPS2 Article 9.12)?



3.7 How is the research relevant to community needs/priorities and how will the research benefit the participating community (TCPS2 Article 9.13)?
3.8 How will the proposed research contribute to capacity-building through enhancing the skills
of community personnel in research methods, project management and ethical review/oversight (TCPS2 Article 9.14)?
3.9 To what extent will elders or other community experts be involved in the design and execution of the research, the interpretation of findings in the context of cultural norms and traditional
knowledge (TCPS2 Article 9.15)



3.10 Where appropriate, have special provisions been made to ensure privacy and confidentiality or access to trauma counseling (TCPS2 Article 9.16)?
Section 4: INTELLECTUAL PROPERTIES
4.1 How will intellectual property rights arising from this research be addressed (TCPS2 Article 9.18)?
Section 5: ADDITIONAL INFORMATION
5.1 Are there any other dimensions to this research that you need to disclose?
50 Barrelland and Allifornia and All
5.2 Do you have any additional comments or questions?



Section 6: SIGNATURE OF APPLICANT

I hereby agree that:		
Signature of Applicant: Date Submitted	to OII:	
TO BE COMPLETED BY THE OFFICE OF INDIGENOUS II	NITIATIVES:	
Section 7:		
Office of Indigenous Initiatives Comments:		
Comments Provided by:		
Date of Comments:		
Office of Indigenous Initiatives Acceptance:		
Signature:		
Date of Acceptance:		

PLEASE COMPLETE AND SUBMIT TO:
OFFICE OF INDIGENOUS INITIATIVES
ROOM F215
FAX (705) 472-8601