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**REVIEW ETHICS BOARD:**

PARTICIPATION OF INDIGENOUS PEOPLES

**NOTE:** When completing form, if question is **NOT APPLICABLE** enter ‘**N/A’** into appropriate field.

**SECTION A: TITLE, CONTACT INFORMATION**

**A1. Title of Proposed Research:**

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**A2. Principal Investigator:**

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| Title: | Name: | | |
| Department: | | | Institution/Organization: |
| Mailing address (if NOT AU): | | | |
| Phone: | | Institutional E-mail: | |

**A3. Co-Investigator, Faculty Supervisor, Faculty Sponsor (Visiting Researcher):**

NOT APPLICABLE

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| --- | --- | --- | --- |
| Title: | Name: | | |
| Department: | | | Institution/Organization: |
| Mailing address (if NOT AU): | | | |
| Phone: | | Institutional E-mail: | |

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| Title: | Name: | | |
| Department: | | | Institution/Organization: |
| Mailing address (if NOT AU): | | | |
| Phone: | | Institutional E-mail: | |

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| Title: | Name: | | |
| Department: | | | Institution/Organization: |
| Mailing address (if NOT AU): | | | |
| Phone: | | Institutional E-mail: | |

**Alternate Contact(S)**: (e.g., Research Coordinator)  NOT APPLICABLE

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| --- | --- | --- | --- |
| Title: | Name: | | |
| Department: | | | Institution/Organization: |
| Mailing address (if NOT AU): | | | |
| Phone: | | Institutional E-mail: | |

**SECTION B: COMMUNITY AUTHORITY, CONSULTATION, CONSENT, ETC.**

**B1.** Will the research (including the use of mail, email or telephone surveys) be conducted on territory that is under the **AUTHORITY** of a First Nation, Métis or Inuit government?  NO  YES

**IF YES,** provide contact information for the authority.

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| Contact Name: |
| Contact Information: |

**B2.** Has the researcher(s) consulted with community concerning culturally appropriate practices, the overall viability of the research, etc.?  NO  YES

**IF NO**, describe why this is NOT APPLICABLE.

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**B3.** Has the researcher(s) consulted with the community regarding safeguards employed to protect Indigenous cultural knowledge, sharing during the data collection process?  NO  YES

**IF NO**, describe why this is NOT APPLICABLE

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**IF YES,** describe the safeguards. (\* Attach relevant documentation).

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**B4.** Has the researcher(s) sought community advice to guide them concerning the nature of research ethics such as consulting documents like, the Mi’Kmaq Ecological Knowledge Study Protocol (<https://novascotia.ca/abor/aborlearn/docs/MEK%20Protocol%20Second%20Edition.pdf)>, Urban Aboriginal Research Charter (<https://icer.ok.ubc.ca/wp-content/uploads/sites/88/2018/06/UA_Research_Charter_Template54352.pdf)>, CIHR Guidelines for Health Research Involving Aboriginal People (<http://www.namhr.ca/media/docs/lega4eb2308e6afd7-cihr_ethhics_guidlines.pdf)>.  NO  YES

**IF NO**, describe why this is NOT APPLICABLE

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**IF YES,** describe the ethical approach.

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**B5.** Have the researcher(s) and the community, formulated a specific research agreement?  NO  YES

**IF NO**, describe why this is NOT APPLICABLE

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**IF YES,** describe the safeguards. (\* Attach relevant documentation).

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**B6.** Has the consent of the community, relevant authority AND/OR other parties been received?

NO  YES

**IF NO**, describe the circumstances.

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**IF YES,** describe the process for acquiring consent. (\* Attach documentation).

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**SECTION C: COMMUNITY INTERACTIONS**

**C1**. Describe ANY research partnerships and/or types of community involvement (e.g., working with Elders, advisory board, etc.) that are part of the research project.

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**C2.** Does the research involve the appropriation and/or commercialization of Indigenous cultural heritage?  NO  YES

**IF YES,** describe the form that this will take.

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**C3.** Describe the conditions under which members from the community, will have access to the researcher(s).

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**C4.** Describe how researcher(s) will ensure that research findings will be made available to community members, 1) for review to verify accuracy, applicability, cultural appropriateness, AND 2) (if desired by the community) to reaffirm their consent permitting usage of findings prior to their implementation, publication, or subsequent distribution (e.g., conference presentations).

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**SECTION D: SIGNATURES**

I CERTIFY, that the information provided in this application is complete and correct.

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| --- | --- |
| PRINCIPAL INVESTIGATOR: | Date: |
| PRINCIPAL INVESTIGATOR: | Date: |

|  |  |
| --- | --- |
| CO-INVESTIGATOR: | Date: |
| CO-INVESTIGATOR: | Date: |
| CO-INVESTIGATOR: | Date: |
| FACULTY SUPERVISOR: | Date: |
| FACULTY SPONSOR: | Date: |

**\*\* IF** principal investigator is a **STUDENT,** their academic advisor **MUST** sign, indicating that they have reviewed the submission.

|  |  |
| --- | --- |
| ACADEMIC ADVISOR: | Date: |
| ACADEMIC ADVISOR: | Date: |

\*\* Email digital submission including ALL relevant appendices to:[**ethicsoffice@algomau.ca**](mailto:ethicsoffice@algomau.ca)**.**