

APPLICATION TO CONDUCT RESEARCH

1. Note to Students:

Students must ensure that they understand and follow the Tri-Council Code of Ethics (see, <http://www.pre.ethics.gc.ca/english/policystatement/introduction.cfm>) pertaining to research involving human subjects.

Your course instructor must approve this application prior to data collection on behalf of the Department of Anthropology.

Part I: Application for Ethical Approval

Name(s) and phone number(s) of student researcher(s):

Name of faculty advisor (Thesis Advisor; Course Instructor):

Course name and number:

Title of your project:

Proposed starting date: _____ Estimated completion date: _____

Location(s) where research will be conducted: _____

Signature of Student Researcher(s): Date: _____

The research project outlined in the attached *Application to Conduct Research* has the approval of (course instructor) on behalf of the Department of Anthropology Ethics Committee.

Signatures _____

Date: _____

The purpose of research ethics applications is to guide the relationship between the researcher and participants. They are designed to protect the participant from any harm.

Provide a statement of the purpose of your research:

State your research question:

Check all of the research methodologies you will conduct for this project. For each method selected describe who, what, where, when, why and how this methodology applies.

One-to-One Interviews

Group Interviews

Focus Groups

Participant Observation

Survey

Other

On line

In person

Both online and in person

Describe how you will record and store the data

Provide your interview guide

Provide your survey questions

If you are conducting participant observation, how will you be participating and observing?

Number of participants required

Length of time of participant involvement per activity

Indicate how anonymity/ confidentiality / privacy might be maintained if that is a guarantee made in the invitation to participate

Do your participants have the legal capacity to voluntarily consent to participate in your research?

If no, please discuss this with your instructor.

Have you attached your invitation to participate?

Have you attached your consent form?

If submitting this application electronically, have you used the following file name format:
yourlastname_yourfirstname_anth???.application; yourlastname_yourfirstname_anth???.invitation;
yourlastname_yourfirstname_anth???.consent?

Revised Jan.2019

**St Francis Xavier University
Department of Anthropology**

Consent Form

I/we acknowledge receiving a copy of the Invitation to Participate from (student's name) for their research project entitled (name of research project). I/we have had an opportunity to read or to listen to the information provided in it and have had any questions about my participation answered.

I/we grant (student's name) permission to carry out their research, understanding that my/our identity will be kept confidential and that I/we have the right to withdraw from the study as indicated in the Invitation to Participate.

Participant's signature

Date

Student's signature

Date

Instructor's signature

Date

Please keep a copy of this signed consent form for your records.

**St Francis Xavier University
Department of Anthropology**

Invitation to Participate

Date: _____

Dear _____:

My name is _____. I am a student in Anth _____ at St Francis Xavier University. My professor is _____. I am inviting you to participate in a research project _____. My research question is _____.

Participation in this research will take _____ of your time. The information gathered will be used for a class project in Anth _____.

I will protect your privacy and your identity will be kept confidential. I do not anticipate potential harm for you or other people who participate, however I would be pleased to hear any of your concerns and to accommodate or terminate my research to address your best interests

Your participation is voluntary and you are free to withdraw at any time by telling me in writing or verbally of your decision. If after the research is over, and you want to withdraw your information, please let me know either in writing or verbally and I will make sure your material is withdrawn.

I will use (name the research method—e.g., interview, survey, participant observation) to conduct my research. The research results will be stored (how) until the end of the course when data will then be erased.

Yours sincerely,

(Signature)

(Print student's name)

Student's e-mail address:

StFX Department of Anthropology Telephone No: 902-867-2283

(Print professor's name)

Professor's e-mail address:

Mailing address: Dept. of Anthropology, J Bruce Brown Hall, 2320 Notre Dame Ave. Antigonish, NS, B2G 2W5