#1931555

ST. JAMES-ASSINIBOIA SCHOOL DIVISION
RESEARCH APPLICATION FORM

LC-E-1

Submit

St. James-Assiniboia School Division **WILL NOT CONSIDER** incomplete application forms. Nor will the Division accept detailed research proposals attached to the application form. It is the responsibility of the researcher to ensure that the essential information necessary for the Division to make an informed decision is provided in this application form. Note: the Division will not accept applications that do not have an ethics board approval letter.

***Please note any information missing in sections 1-3 will be considered an incomplete application. Please ensure application is legible.**

1. Applicant's Name: _____

   Address: _____

   Postal Code: _____

   Telephone: Home _____ Office _____

   Email Address _____

   Position title _____

   Institution _____

If you are an employee of the St. James-Assiniboia School Division please include which school(s)

_____

2. Title of Proposed Research:

_____

3. Complete if Applicable only:

   Name of Sponsor/
   Thesis Advisor: _____

   Department: _____ Phone: _____

   Institution: _____

   Position Held: _____

4. Type of Research:

- ☐ Faculty Research
- ☐ Ph.D. Dissertation
- ☐ Master's Thesis
- ☐ Undergraduate Research year
- ☐ Other, explain

_____

Proposed Research Sample:

- ☐ Pre-School
- ☐ Elementary
- ☐ Jr. High School
- ☐ Sr. High School
- ☐ Other, explain

_____

5. Persons Conducting the Research:
   (List **all** persons who will be involved in the data collection)

NAME	**INSTITUTION**	**PHONE**

6. Purpose and/or Rationale of Research:

7. Research Design and Data Collection (briefly outline hypothesis, research design and procedures, and sampling techniques). Attach all research instruments.

8. Subjects (indicate number and demographic characteristics of students, and other staff to be involved; approximate participation dates, and time commitments.) All permission letters must be attached.

Other Information:

A. Students needed _____

Total number _____

Ages _____

Gender _____

B. Will data include any information regarding subject's:

Gender	☐	Drug Use	☐	Religion	☐
Alcohol Use	☐	Family Income	☐	Ethnicity	☐
Other	☐				

If any of the above are checked, please explain:

C. Number of sessions per student: _____

Approximate length of each session _____

Maximum length of each session _____

Testing procedure _____ individual _____ group _____ other

If group, give size of group(s) _____

9. Facilities and Equipment:
   (Indicate facilities and/or equipment which are required to conduct your study.)

10. Ethical Approval (Attach a copy of the appropriate ethical review committees.)

AGREEMENT

I have read and agree to the conditions under which research requests are granted by St. James-Assiniboia School Division.

Date	Research Investigator's Signature
Date	*Faculty Signature

*(If the Research Investigator is a student, this form must be countersigned by the student's thesis advisor at the college or university to indicate that the advisor has read the proposal and deemed it to be a valid and worthwhile research project.)

Submit applications to:

Assistant Superintendent, Educational Programming
St. James-Assiniboia School Division

CHECKLIST FOR PROPOSAL SUBMISSION

Submitted electronically	Enclosed	
☐	☐	1. St. James-Assiniboia School Division Research Application Form
☐	☐	2. All questionnaires and testing instruments
☐	☐	3. Permission Letters (parents, students, staff), where required
☐	☐	4. Ethical Review Approval Letter

Note: Original documentation may be required as necessary.

Assistant Superintendent, Educational Programming
St. James-Assiniboia School Division

Submit

NOTE: If the Submit button does not work in your browser, save the document to your desktop and then click on Submit (or email to inquiries@sjasd.ca)