**“Research is a relationship based on respect and it takes time to build a relationship.”**

**Manitoba First Nations Elders 2005 Workshop on Health Research Ethics**

**Please note in completing this application:**

* To be considered clear and complete:
  + All fields must be filled out.
  + Use of clear, layman’s English is also required including definition or description of any medical or other technical terms is required, attach a page of terminology definitions in necessary.
  + A clear and full description must be provided where explicitly indicated.
  + Any required attachments as stated.
* Names of specific First Nations individuals engaged in preparing for and completing this application are required.
* An amended or renewed application is required if the applicant pulls their initial application.
* If you have any concerns regarding the application, please see the ***HIRGC Application Guide*** before requesting further information.

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| **Application Number (OFFICE USE ONLY)** |  |

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| **Date of Application:** |

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| **Project Information** | |
| **Project Title** |  |
| **Start Date** |  |
| **Estimated End Date** |  |
| **Research Funder(s)** | **🞏** Tri-Council Agency:  **🞏** Other: |
| **Grant Number(s)** |  |

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| **Contact Information** | |
| **Name of Principal Investigator/Lead Researcher** |  |
| **Address** |  |
| **Phone** |  |
| **Fax** |  |
| **Email** |  |
| **Name of Primary Contact (If different from above)** |  |
| **Phone** |  |
| **Email** |  |

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| **Purpose of Application** |
| **🞏** Access to Manitoba First Nations Research File (MFNRF) **🞏** Letter of Support (Regional) |
| **Please explain:** |

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| **Project Team** | | |
| **Name** | **Role/Responsibilities** | **How do they identify? (Settler, First Nations, Metis, Inuit)** |
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| **Project Partners** | | |
| **Contact** | **Organization/Nation** | **Do you have a BCR/Letter of Support? (Please Attach)** |
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| **Ethics** | | | |
|  | **Name of REB(s)** | **Status (Not Applied, Applied and Waiting, Conditional Approval, Approved, Denied)** | |
| **🞏** HREB |  |  | |
| **🞏** PHRPC |  |  | |
| **🞏** Other |  |  | |
| **Have all research personnel completed the TCPS2/TCPS3 training course?** | | | **🞏** Yes **🞏** No **🞏** In Progress |
| **Have all research personnel completed the OCAP® training course?** | | | **🞏** Yes **🞏** No **🞏** In Progress |

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| **Project Details** |
| **Summary/Abstract of Project** |
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| **Is this project closely linked to any other project(s)?** |
| **🞏** Yes, this is a part of a larger project.  **🞏** Yes, this is a continuation of a previous project.  **🞏** No  **If yes, please provide details on the connected project(s):** |
| **Has the larger/previous project been reviewed by the HIRGC?** |
| **🞏** Yes, it was reviewed by HIRGC but denied.  **🞏** Yes, it was reviewed by HIRGC and approved.  **🞏** No  **If yes, please provide details of the HIRGC review:** |
| **Has an amendment or new ethics submission been submitted for this new project?** |
| **🞏** Yes, an amendment was made to the larger/previous project’s application for this project.  **🞏** Yes, a new ethics submission was made to the larger/previous project’s application for this project (see the Ethics section).  **🞏** No.  **If an amendment was made, please provide details:** |

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| **Ethical Standards Involving First Nations** |
| **HIRGC does not support pan-Indigenous research, how will the research consider the unique histories, cultural practices, and jurisdictional challenges of the First Nations peoples, their Nations, and representative bodies in your research?** |
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| **Where are your study participants located?** |
| **🞏** Urban (MB city) **🞏** Rural (Outside of MB city, off-reserve) **🞏** On-Reserve  **Please provide if possible - city/Nation information (Names, Language Groups, Tribal Council Affiliations).**  **In addition, please provide details on how they will be identified in the data (as Individuals, as a Nation, or at a regional or national level).** |
| **Describe your relationship with the First Nation(s) you are working with?** |
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| **Does this project involve any other First Nations peoples, Nations, and representative bodies within or outside of Canada?** |
| **🞏** Yes  **🞏** No  **If yes, please provide details as to who and why they are involved.** |
| **Describe the First Nations ethical standards and processes of the distinct cultural and language groups of the First Nation(s) group(s) you are working with and how you will establish, integrate, and abide those standards and processes.** |
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| **Describe the historical, cultural, traditional, research, and colonial contexts of the First Nation(s) you are working with.** |
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| **Methodology** |
| **What type of project is this?** |
| **🞏** Primary Research **🞏** Secondary Research |
| **Will you be directly engaging with First Nation(s) or individuals at any point in your research activities?** |
| **🞏** Yes **🞏** No  **Please provide details on your prospective participants or sample group.** |
| **Will you be engaging with specific demographics of First Nation peoples that may be systematically perceived as vulnerable? (Vulnerabilities can include pregnancies, substance use disorders, disabilities, houselessness, incarceration, and minors).** |
| **🞏** Yes **🞏** No  **If yes, please provide details on how you will do this in a safe and appropriate way.** |
| **Please provide a description of your research methods.** |
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| **Free, Prior, and Informed Consent (FPIC)** |
| **What level(s) of consent will you be gathering?** |
| **🞏** Regional Consent (through HIRGC) **🞏** Collective/Nation Consent **🞏** Individual Consent  **Please explain why you have chosen this/these level(s) of consent, why you will not be seeking other levels, and how and when you plan to gather consent:** |
| **Please describe the conditions of consent:** |
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| **Privacy and Confidentiality** |
| **For primary data sources, will you be collecting personal identifiers?** |
| **🞏** Yes **🞏** No  **If yes, please provide details.** |
| **For datasets held at MCHP:** |
| **Is the data you are accessing identifiable? 🞏** Yes **🞏** No  **Is there a possibility that data linkages will generate identifiable information? 🞏** Yes **🞏** No  **Please provide details.** |
| **For other data sources (e.g. repositories, other databases, other projects, etc.):** |
| **Is the data you are accessing identifiable? 🞏** Yes **🞏** No  **Is there a possibility that data linkages will generate identifiable information? 🞏** Yes **🞏** No  **Please provide details.** |
| **Will you be collecting biological data?** |
| **🞏** Yes **🞏** No  **If yes, please provide details.** |
| **What is the process to ensure the privacy and confidentiality of the participants and data? What is in place in the chance a breach occurs?** |
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| **Benefit to First Nations Peoples and/or Manitoba First Nations** |
| **Please describe benefits of this project to First Nations people, their Nations, and representative bodies (Includes expected outcomes, impacts on practice/policy, etc.):** |
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| **Which of the following committees/circles are involved in your project:** |
| **🞏 Advisory/Guidance Committee/Circle**  **🞏 Steering Committee/Circle**  **🞏 Data Access Committee/Circle**  **🞏 Other Committee/Circle**  **Please provide details on the committee(s), who will be involved, and what their role(s) in the project will be.** |
| **How are First Nation(s) people and Nation members actively involved in your research?** |
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| **Have you worked with the First Nation(s) and/or your committee(s) to determine and define any potential harms that may be caused by participating in the research or from the data/results?** |
| **🞏** Yes **🞏** No  **Please describe this process and the outcomes.** |
| **Describe the support systems in place for those that you will be engaging with before, during, and after the project.** |
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| **First Nations Principles of OCAP®** |
| **Ownership** |
| **Have you established ownership of the data and findings from this project?** |
| **🞏** Yes **🞏** No  **If yes, who owns the data and findings and why? If not, how will you establish ownership and why?** |
| **If the First Nation(s) or individuals involved in this project have consented, how will you acknowledge them in publications, reports, and presentations? (Includes Nation, partners, and participants)** |
| **🞏** Contributor **🞏** Co-Author/Co-Presenter  **Please provide details.** |
| **Control** |
| **If applicable, has a data/information sharing agreement been developed? (Please attach)** |
| **🞏** Yes **🞏** No **🞏** In Progress  **If yes/in progress, please provide details. If not, why not?** |
| **Describe the tools or processes you will use to ensure accountability to the First Nation(s) so they are informed of the project details and are participants in the project development? (Includes but is not limited to reporting, Advisory groups, meetings, Nation feedback, decision-making, etc.)** |
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| **For the removal, repatriation, or destruction of data:** |
| **Please describe the details of what will happen with data at the completion of the project.**  **If the First Nation(s) you are working with (collectively or individually) requests their data (including biological data) be removed from the research, repatriated, or destroyed, what will the process be to do so?** |
| **Access** |
| **Clarify how the First Nation(s) you are working with will be informed of their ability to access their data, findings, and final products of the research?** |
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| **Clarify how the First Nations people, their Nations, and representative bodies will be able to access their data, findings, and other products of research (reports, presentations, publications)? Please describe your knowledge exchange/translation plan.** |
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| **Will there be secondary users of this data, or will the data be shared outside of the project?** |
| **🞏** Yes **🞏** No  **If yes, please provide details on how this was determined and who makes decisions around points of access.** |
| **Possession** |
| **Where will the data be held and how long will it be held? Please describe how these decisions were made.** |
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| **If the data is not held by First Nations:** |
| **Will the First Nation(s) involved have stewardship of the data? 🞏** Yes **🞏** No  **Is there a plan in place to repatriate any data back to the First Nation(s) you are working with? 🞏** Yes **🞏** No  **Please elaborate:** |

**If available, please include the following:**

* Full project proposal
* Copies of REB submissions
* Copies of TCPS2/TCPS3 and OCAP certificates
* Copies of any Letters of Support or BCRs from partners and Nations
* Copies of any consent forms, surveys, question guides, or any other information gathering tools
* Copies of any Information Sharing Agreements

hirgc@fnhssm.com

First Nations Health and Social Secretariat of Manitoba

74-630 Kernaghan Avenue

Winnipeg, MB R2C 5G1

Phone: 204.942.9400 Fax: 204.946.9004