**APPLICATION FOR ACCESS TO CMCC EMPLOYEES AND DATA FOR RESEARCH**

**PROJECT INFORMATION**

Project title:

Principal investigator:

Email:

Anticipated study start date:

Anticipated study end date:

Provide the scientific abstract. *This can be copied from the project summary under Project Details on the Research Ethics Board Application.*

**DETAILS OF ACCESS**

Do you need access to employee data (e.g., demographics, employment records)?

Yes

What type of employee data do you need access to?

Describe why you need to access these data.

Describe the procedures that will be used to deidentify/anonymize data and to keep the information confidential and secure during data collection and analysis. *This can be copied from the identical prompt under Privacy and Confidentiality on the Research Ethics Board Application.*

How will study participants’ data be reported in the dissemination of results (e.g., aggregated data, identifiable descriptors, deidentified descriptors, etc.)? *This can be copied from the identical question under Privacy and Confidentiality on the Research Ethics Board Application.*

No

Do you need direct access to employees for recruitment? *Approval is also required by the Manager of Accreditation and Institutional Effectiveness to mitigate scheduling conflicts.*

Yes

Which of the following recruitment methods will you be using (select all that apply)?

Email *This includes electronic surveys sent to employees by email.*

Announcement at employee activities/events

Other (specify):

Provide details for each of the recruitment methods that will be used (e.g., date(s), employee activity/event name)?

Specify the time period planned for recruitment (i.e., approximate dates).

No

Do you need direct access to employees for data collection during working hours?

Yes

Briefly explain why data collection must occur during working hours.

How much time will employees need to commit during working hours to participate in the study?

No

Preliminary approval for access to CMCC employees and data for research pending acquisition of a certificate from CMCC’s Research Ethics Board.

**Director, Human Resources**

Name:

Signature:

Date:

**Manager, Accreditation and Institutional Effectiveness (if necessary)**

Name:

Signature:

Date:

***To be completed upon receiving a certificate from CMCC’s Research Ethics Board.***

**Date of REB approval:**

**REB file #:**

Final approval for access to CMCC Clinics for research after acquisition of a certificate from CMCC’s Research Ethics Board.

**Director, Human Resources**

Name:

Signature:

Date:

**Manager, Accreditation and Institutional Effectiveness (if necessary)**

Name:

Signature:

Date: