**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: