

Student Name:	
Student Level:	
Course Code:	
Anticipated Start Date:	
Anticipated Date of Completion:	

## BACHELOR OF HEALTH SCIENCES (HONOURS) RESEARCH ETHICS SCREENING FORM

AS A STUDENT AND REPRESENTATIVE OF THE BACHELOR OF HEALTH SCIENCES (HONOURS) PROGRAM, WE EXPECT THAT YOU WILL CONDUCT YOURSELF IN A RESPECTFUL AND ETHICAL MANNER AT ALL TIMES AND TO ALL BEINGS. All research activities, conducted by students, faculty and staff under the auspices of the Bachelor of Health Sciences (Honours) Program, are to comply in spirit as well as in fact with the Tri-Council Policy for Research Ethics. It is incumbent upon every student conducting any projects within the program to seek Research Ethics Screening prior to beginning their project since it is often difficult to determine the line between research and non-research activities.

A HARD COPY OF THIS FORM MUST BE SUBMITTED WITH YOUR PROJECT PROPOSAL OR PERMISSION FORM, BY THE DEADLINE LISTED BELOW.

Project Type	Ethics Screening Form Deadline
3H03/3R06	*with project proposal/permission form
4A09/4B06	August 1 <sup>st</sup> for projects beginning in September
4D03/4W03	*with project proposal
4F03	*with project proposal
All other research projects	*with project proposal

**\*NOTE THAT IF YOUR PROJECT REQUIRES RESEARCH ETHICS BOARD APPROVAL THIS CAN SOMETIMES TAKE 6 -8 WEEKS. PLEASE SUBMIT YOUR SCREENING FORM AS SOON AS POSSIBLE.**

Title of Research Project:

Supervisor:

Project Description & Learning Objectives:

**\*PLEASE DESCRIBE YOUR PROJECT AND INCLUDE YOUR LEARNING OBJECTIVES IN THIS SECTION (or attach a separate copy)**

Does this project extend beyond *Library Research*?

YES  NO

If YES, please complete entire form.

If NO, you are not required to complete the rest of the form. However, you ARE required to print and submit the form, signed by both your supervisor(s) and yourself, to the BHSc Office, MDCL/3308.

Will you be conducting research that in any way involves human participants?

YES  NO

If YES, explain.

Will you be conducting research that in any way involves animals?

YES  NO

If YES, explain.

*Has your supervisor received any form of Research Ethics Approval(s) from any Research Ethics Board for the research project described?*

YES  NO

If YES, please identify WHICH board approved the project and provide the number (i.e. REB, AUP, or BIOHAZARD).

Name of Board:	
REB/AUP/BIOHAZARD Number:	
Date of last renewal:	

*Does your research deviate in any way from the research for which your supervisor received approval?* YES  NO

If YES, explain.

**Notice of Collection**

The information gathered on this form is collected under the authority of *The McMaster University Act, 1976*. The information is used for the academic, administrative, and statistical purposes of the Faculty of Health Sciences BHSc Program including, but not limited to, maintaining records; academic counselling and the administration of examinations. Personal student information provided on this form will not be used for any unrelated purpose without the consent of the student. This information is protected and is being collected pursuant to section 39(2) and section 42 of the *Freedom of Information and Protection of Privacy Act* of Ontario (RSO 1990). Questions regarding the collection or use of this personal information should be directed to the Associate or Assistant Dean, Faculty of Health Sciences BHSc Program, Room MDCL 3308, McMaster University.

**IT IS THE STUDENT'S RESPONSIBILITY TO PROVIDE THE APPROPRIATE SIGNATURES WHEN SUBMITTING THE ETHICS SCREENING FORM TO THE BHSC OFFICE, MDCL/3308.**

Student Signature:
Supervisor's Signature:
Date Signed: