



Roots of Empathy
Racines de l'empathie

APPLICATION TO CONDUCT A RESEARCH STUDY

Please refer to the Roots of Empathy Research Policy Guidelines when completing this application. Adherence to the guidelines and criteria will expedite the review process by minimizing the frequency of conditional approvals and requests for revision.

IDENTIFYING INFORMATION		Date:							
Title of Study:									
Preferred Start Date:		Estimated Completion Date:							
Name of Principal Investigator(s):									
Institution/Agency:									
Mailing Address:									
Home Telephone:		Business Telephone:							
Fax:		E-mail:							
<p>Please check all that apply:</p> <table border="0"> <tr> <td><input type="checkbox"/> Doctoral Thesis</td> <td><input type="checkbox"/> Institutionally funded project (e.g., University, hospital, agency)</td> </tr> <tr> <td><input type="checkbox"/> Postdoctoral Research</td> <td><input type="checkbox"/> Externally funded project</td> </tr> <tr> <td><input type="checkbox"/> Contractual Project</td> <td><input type="checkbox"/> Other (please describe):</td> </tr> </table>				<input type="checkbox"/> Doctoral Thesis	<input type="checkbox"/> Institutionally funded project (e.g., University, hospital, agency)	<input type="checkbox"/> Postdoctoral Research	<input type="checkbox"/> Externally funded project	<input type="checkbox"/> Contractual Project	<input type="checkbox"/> Other (please describe):
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<input type="checkbox"/> Contractual Project	<input type="checkbox"/> Other (please describe):								
<p>This is to certify that this research proposal has been vetted for and meets standards for sound academic research design and methodology, and the ethical, moral, and legal standards for research with human participants.</p> <p>Name of Supervising Authority (please print): _____</p> <p>Position: _____ Institution/Agency: _____</p> <p>Telephone: _____ Signature: _____</p> <p>Please include a copy of the signed research ethics review board approval with this application.</p>									



1. OVERVIEW OF THE STUDY AND ITS GOAL(S)

Provide a brief description of your study.

2. RELEVANT LITERATURE

Attach a brief summary of the project's theoretical framework and highlights of the most relevant literature (approx. 1-3 pages).

3. PROBLEM TO BE INVESTIGATED

Include the research questions and hypotheses.

4. IMPORTANCE OF THE STUDY

Describe the relevance and value of the study to Roots of Empathy. Describe any benefits for participants of the study.



6. DATA ANALYSIS

Briefly describe the proposed methods of data analysis.

7. PARTICIPANT INFORMATION

- a) Specify the number of schools and/or Childcare Centres requested:
- b) Names of preferred schools and/or Childcare Centres (if known):
- c) Number of students (Include grade levels, number of classes etc.):
- d) Number of teachers (Include grade levels, etc.):
- e) Number of parents, if applicable:
- f) Number of Roots of Empathy Instructors, if applicable:
- g) Number of Seeds of Empathy Literacy Coaches, if applicable:
- h) Number of Seeds of Empathy Family Guides, if applicable:
- i) Number of other staff affiliated with Root of Empathy or Seeds of Empathy, if applicable:
- j) Describe how participants will be selected:
- k) Indicate how much time will be required of participants:



8. CONFIDENTIALITY AND CONSENT

- a) Describe how participants will be prepared prior to the study and debriefed after their involvement (e.g. including provisions for follow-up support where applicable).
- b) Describe the method to be used to obtain informed participant consent. **Copies of all consent letters must be included.**
- c) Describe the provisions and safeguards that will be taken to ensure security and confidentiality.
- d) Describe procedures and timeframes for the use, retention, disclosure and disposal of data.



9. REPORTING RESULTS

- a) What are your intended plans for the future use and/or publication of results?
- b) It is required that an electronic copy and a hard copy of the completed report be submitted to Roots of Empathy. (Please note that this report may be circulated internally).

Indicate an expected date for submission of completed report: _____

I agree that:

- Information collected as part of this study will not be used for any purpose other than that described in the application without written authorization from Roots of Empathy.
- All individual identifiers will be destroyed after completion of the data analysis.
- No individual to whom personal information relates will be contacted directly or indirectly after completion of the research described in the application.
- Participants will not be identified in any report emanating from this research.

Signature of principal investigator

Date of submission

Please address any questions to:
Lisa Bayrami
Director of Research
Roots of Empathy
E-mail: lbayrami@rootsofempathy.org

Revised: October 2014



Research Application Checklist

I have checked to see that my application complies with the following requirements:

1. The application has the prior approval of the agency or institution with whom the researcher is affiliated. For example, if you are associated with a university, it is required that your proposal successfully completes the ethical review process in your organization **prior to** submission to Roots of Empathy. A copy of the ethics approval **is** submitted with this application.
2. The Roots of Empathy research application is completed; it is not acceptable to fill out various sections of the application by referring to other documents or materials submitted. The application is submitted in a typed form (handwritten applications will not be accepted).
3. Copies of **all** data collection instruments are included. Insofar as possible, copies should be final. Any changes to the submitted data collection instruments require review and written approval by Roots of Empathy.
4. A copy of an Information Letter to Schools and/or Early Childhood Education Centre that outlines the purpose and scope of the study, and includes the commitments required of all potential participants is included.
5. Parental permission is required for any research involving students under 18 years of age. Copies of information letters and consent forms for students/children and/or parents must be included with the application materials. In some cases, the Research Review Committee may request the translation of these materials.
6. The demands on participants have been considered.
7. The names of preferred schools have been provided. (This is not required but may expedite the application process.)
8. Pledge that certification of a Criminal Records Background Check will be submitted for any person(s) who will have direct involvement with students/children.
9. Five (5) hard copies of the research application form and supporting materials have been included.

**Send your submission to:
Research Review Committee
rrc@rootsofempathy.org
Roots of Empathy
250 Ferrand Drive, Suite 1501
Toronto, ON M3C 3G8
Canada**

