

**THE WINNIPEG SCHOOL DIVISION
RESEARCH APPLICATION FORM**

June 2020

The Research Advisory Committee **WILL NOT CONSIDER** incomplete application forms. Nor will the Committee accept detailed research proposals attached to the application form. It is the responsibility of the researcher to ensure that the essential information necessary for the Committee to make an informed decision is provided in this application form. The Research Guidelines outline what attachments are required by the Committee.

***Please note any information missing in sections 1-3 will be considered an incomplete application. Please ensure application is legible.**

1. Applicant's Name: _____
Address: _____
Postal Code: _____
Telephone: Home _____ Office _____
Email Address _____
Position title _____
Institution _____

If you are an employee of the Winnipeg School Division please include which school(s)

2. Title of Proposed Research:

3. Complete if Applicable only:

Name of Sponsor/
Thesis Advisor: _____

Department: _____ Phone: _____

Institution: _____

Email: _____

Position Held: _____

4. Type of Research:

___ Faculty Research
___ Ph.D. Dissertation
___ Master's Thesis
___ Undergraduate Research year
___ Other, explain

- Proposed Research Sample:

___ Pre-School
___ Elementary
___ Jr. High School
___ Sr. High School
___ Other, explain

5. Persons Conducting the Research:
(List **all** persons who will be involved in the data collection)

NAME

INSTITUTION

PHONE

6. Purpose and/or Rationale of Research:

7. Research Design and Data Collection (briefly outline hypothesis, research design and procedures, and sampling techniques). Attach all research instruments.

8. Subjects (indicate number and demographic characteristics of students, and other staff to be involved; approximate participation dates, and time commitments.) All permission letters must be attached.

A. Students needed _____ Other Information:
Total number _____
Ages _____
Gender _____

B. Will data include any information regarding subject's:

Sexual behaviour _____ Drug Use _____ Religion _____
Alcohol Use _____ Family Income _____ Ethnicity _____
Sex _____

If any of the above are checked, please explain:

C. Number of sessions per student: _____
Approximate length of each session _____
Maximum length of each session _____
Testing procedure _____ individual _____ group _____ other
If group, give size of group(s) _____

9. Facilities and Equipment:
(Indicate facilities and/or equipment which are required to conduct your study.)

10. Ethical Approval (Attach a copy of the appropriate ethical review committees.)

AGREEMENT

I have read the Guidelines for External Research Projects using Winnipeg School Division Schools and agree to the conditions under which research requests are granted by The Winnipeg School Division.

Date	Research Investigator's Signature
Date	*Faculty Signature

*(If the Research Investigator is a student, this form must be countersigned by the student's thesis advisor at the college or university to indicate that the advisor has read the proposal and deemed it to be a valid and worthwhile research project.)

Submit applications to:

Director of Research, Planning, and Technology
The Winnipeg School Division
1577 Wall Street East
Winnipeg, Manitoba
R3E 2S5

CHECKLIST FOR PROPOSAL SUBMISSION

Submitted To
electronically Enclosed Follow

1. Winnipeg School Division Research Application Form
2. All questionnaires and testing instruments
3. Permission Letters (parents, students, staff), where required
4. Ethical Review Approval Letter (where appropriate)

Note: All original documents must be submitted by mail to:

Director of Research, Planning, and Technology
The Winnipeg School Division
1577 Wall Street East
Winnipeg, Manitoba
R3E 2S5

NOTE: If the Submit button does not work in your browser, save the document to your desktop and then click on Submit (or email to tmarchione@wsd1.org)