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| Section C: Principal Investigator (PI) Assurance | | | | |
| **IMPORTANT!**  **For research involving humans, you must have GCREB ethics approval or confirmation of exemption from ethics review before you recruit any participants or collect any data. The initial ethics review can take two to eight weeks. Approval could take longer if GCREB requests clarification or changes. Please plan accordingly. Information and application forms are available at** [**georgiancollege.ca/researchethicsboard**](http://www.georgiancollege.ca/researchethicsboard)**.**  **Please retain a copy of this form for your records.** | | | | |
| I agree to conduct the research as described in this form and any documents provided with this application (including, but not limited to, the application form, recruitment scripts, information and consent letters, survey questions, interview or focus group questions).  I agree to conduct the research in compliance with the [*Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans*](https://ethics.gc.ca/eng/policy-politique_tcps2-eptc2_2018.html)*,* the[*Tri-Agency Framework: Responsible Conduct of Research*](https://rcr.ethics.gc.ca/eng/framework-cadre.html)*,* Georgian College’s policies and procedures, and any conditions communicated by the college or the Georgian College Research Ethics Board.  I agree to abide by the [*Ontario Freedom of Information and Protection of Privacy Act*](https://www.ontario.ca/document/freedom-information-and-protection-privacy-manual) and any other privacy legislation or institutional procedures relevant to my project. If I have any questions regarding the Act, I will contact the Georgian College Access and Privacy Consultant at accessprivacy@georgiancollege.ca or 705.728.1968, ext. 1832.  I understand that permission to access Georgian College resources for research does not constitute ethics approval of this research.  I consent to the collection of my name and contact information on the *Request for Permission for Access to Resources for Research (RPARR)* for this research project (or study). I will notify the college immediately of any changes to my contact information or status as the PI for this study. | | | | |
| **Principal Investigator (PI) name:** | | | Click or tap here to enter text. | |
| **Title of proposed research study:** | | Click or tap here to enter text. | | |
|  | | |  |
| Name and Signature of Principal Investigator | | | Date |

**Please forward to the manager(s) of requested resources for completion of Section D.**