THOMPSON RIVERS UNIVERSITY

Research Ethics Committee – Human Subjects

REQUEST FOR ETHICAL REVIEW FOR UNDERGRADUATE RESEARCH

Protocol Number: _____
(office use only)

1. Student Researcher(s) *Chris Marr-Laing*		
2. Faculty Supervisor *James Rodgers*	3. TRU Department *Bachelor of Interdisciplinary Studies*	4. Faculty Phone # *type here*
5. Project Period *April/2019 to September/2019*	6. Title of Project *Insight on the environmental impacts of BC river operators.*	
7. What year (level) of coursework does this project relate to? *Undergraduate Thesis*	8. Is this project part of an Honours Thesis? Yes ☐ No x	

ALL INFORMATION REQUESTED IN THIS FORM MUST BE TYPEWRITTEN IN THE SPACE PROVIDED.
IF ADDITIONAL SPACE IS REQUIRED, PLEASE USE BOX 31.
THIS FORM AS BEEN REVISED TO COMPLY WITH THE TRI-COUNCIL POLICY 1998

7. Describe the project, including purpose and potential benefits. It is essential to use the minimum of technical language.

I will be analysing the effects of commercial river operators in British Columbia on river protection. This study will create data on the current practices in the industry and attempt to understand whether there is a pro-environmentalism sentiment shared by owners and guides. This information will hopefully identify areas of improvement for operators who wish to increase their environmental responsibility.

SIGNATURES

8. Student Researcher(s)	9. Faculty Supervisor	10. TRU Department Chair (or Designate)
_____ _____ Date: _____	_____ Date: _____	_____ Date: _____

11. Summary of methodology and procedures. If research is conducted by telephone, complete the *telephone contact form.*

Subjects will be emailed a link to an online survey that asks both quantitative and qualitative questions. There will be room for further comments.

DESCRIPTION OF POPULATION

12. How many subjects will be used in total? Of these, how many in the control group(s)?

The goal is 5 – 10 operators and 30-50 guides.

13. Who is being recruited and what are the criteria for their selection?

Operators and guides must operate on British Columbian Rivers and have at least one season (3 months) of experience doing so.

14. What subjects will be excluded from participation?

International guides, new guides and support staff will be excluded.

15. How are the subjects being recruited? *(If initial contact is by letter or if a recruitment notice is to be posted, attach a copy)* TRU Ethics Committee – Human Subjects discourages initial contact by telephone. However, researchers who use telephone contact need to complete the *Telephone Contact Form.*

Subjects will be contacted through publicly available email addresses on their own websites.

16. If controls are involved and if their selection and/or recruitment differs from 13 – 15, provide details. Otherwise, please state 'No Control Group'.

No control group

PROJECT DETAILS

17. Where will the project be conducted?

Across British Columbia

18. Who will actually conduct the study?

Chris Marr-Laing

19. Will the group of subjects have any problems giving informed consent on their own behalf? Consider physical or mental condition, age, language or other barriers.

No all participants will be of legal age and of mental/physical capacity to either guide in whitewater or run a business so should not find the survey difficult.

20. If the subjects are not competent to give fully informed consent, who will consent on their behalf? What measures will be taken to inform and obtain the consent of the subject in as much as that is possible? *(The Informed Consent for Minors and Captive and Dependent Populations by Parent, Guardian and or Other Appropriate Authority to Participate in a Research Project or Experiment Form is required)*

N/A

21. What level of risk would you assign to this research project? Minimal risk is defined as those risks encountered in normal, everyday life.

Physical risk	√ minimal risk	❑ more than minimal risk
Psychological/emotional risk	√ minimal risk	❑ more than minimal risk
Social risk	√ minimal risk	❑ more than minimal risk
Employment risk	√ minimal risk	❑ more than minimal risk

If you answered 'more than minimal risk' to any of the above, please describe the manipulations and/or potential risks as well as the safeguards or procedures you have in place. Please provide justification for any potential risks involved and explain why alternative approaches (including revising the types of data collected or the method that data is collected) involving less risk cannot be used.

Risk to employment mitigated by strict confidentiality not even researchers will be able to identify subjects.

If your study has the potential to upset subjects, or identify distressed or disturbed individuals, you must make arrangements to mitigate such effects (e.g. provide access to TRU counselling services). Describe the arrangements you have made.

22. If monetary or other compensation is to be offered to the subjects, provide details of amounts and payment schedules.

None simply access to conclusions

23. How much time will a subject have to dedicate to the project?

10-15 minutes

24. How much time will a member of the control group *(if any)* have to dedicate to the project?

N/A

DATA

25. Who will have access to the data?

Researcher as well as Supervisor will see raw data.

26. How will confidentiality of the data be maintained?

Not even researchers will know the source of individual data.

27. What are the plans for the future use of the data *(beyond that described in this protocol)*? How and when will the data be destroyed?

No plans for future use.

28. Will any data which identifies individuals be available to persons or agencies outside the research group? ☐ YES X NO
If yes, please explain.

type here

29. Will your project use: *(check)*
XQuestionnaires *(attach copy)*
☐ Interviews *(attach a sample of questions)*
☐ Observations *(attach a brief description)*
☐ Tests *(attach a brief description)*
☐ Review of personal records, including medical

QUESTIONNAIRE/SURVEY CHECK LIST

30 Questionnaires should contain an introductory paragraph or cover letter which includes the following information. Please check each item in the following list before submission of this form to insure that the introduction contains all necessary items.

a.	❑	Title of Project.
b.	❑	Identification of investigators (including a telephone number).
c.	❑	A brief summary that indicates the purpose of the project, including potential presentation and publication if applicable.
d.	❑	The benefits to be derived.
e.	❑	A full description of the procedures to be carried out in which the subjects are involved.
f.	❑	A statement of the subject's right to refuse to participate or withdraw at any time without jeopardizing further treatment, medical care or class standing as applicable. NOTE: This statement must also appear on explanatory letters involving questionnaires.
g.	❑	The amount of time required of the subject must be stated.
h.	❑	The statement that if the questionnaire is completed it will be assumed that consent has been given.
i.	❑	Assurance that identity of the subject will be kept confidential and description of how this will be accomplished.
j.	❑	For surveys circulated by mail submit a copy of the explanatory letter as well as a copy of the questionnaire.

INFORMED CONSENT

31. Who will consent? *(check)*

XSubject
☐ Parent / Guardian
☐ Agency Official(s)

In the case of projects carried out at other institutions, the Committee requires written proof that agency consent has been received. Please specify below:

☐ Research carried out in a hospital – approval of hospital research or ethics committee.
☐ Research carried out in a school – approval of School Board and/or Principal. *(Exact requirements depend on individual school boards: check with them).*
☐ Research carried out in a Provincial Health Agency *(name of contact person and title.)*
☐ Other. *(please specify) type here*

ADDITIONAL INFORMATION

32. Use this space to provide information which you feel will be helpful to the ethics committee OR to continue any item for which sufficient space was not available.

Research will focus on self reported environmental practices and use primarily Likert Scales and open ended questions.

NOTE TO INSTRUCTORS: Provided there are no changes in methodology, approval for class research projects is normally granted for two years.

THOMPSON RIVERS UNIVERSITY

FORM #1

Informed Consent by Subjects to Participate in a
STUDENT RESEARCH PROJECT OR EXPERIMENT

FORM #1 GUIDELINES

An informed consent must include the following:

1. Name of the student researcher(s);
2. Name and number of course and the instructor's name and telephone number (to contact if any questions and/or concerns);
3. TRU division;
4. Short description of the study including how the data will be used;
5. Guarantee of anonymity and confidentiality;
6. Guarantee respondent may withdraw at any time with no penalties;
7. Appropriate time commitment;
8. Chair's name and phone number;
9. Name of subject, signed and dated;
10. Name of student _____

    Signed _____ Dated _____

11. Name of Instructor _____

    Signed _____ Dated _____

12. Ensure subjects are given a copy of the above list.

THOMPSON RIVERS UNIVERSITY ETHICS COMMITTEE FOR RESEARCH AND OTHER STUDIES INVOLVING HUMAN SUBJECTS

Human Subject Feedback Form

Dear Participant:

The Research Ethics – Human Subjects Committee would like to thank you for participating in this study.

If you have served as a subject in a project and would care to comment on the procedures involved, you may complete the following form and send it to the Chair, Thompson Rivers University Research Ethics Committee on Human Subjects. Completion of this form is optional, and is not a requirement of participation in the project. All information will be treated in a strictly confidential manner.

Name of Principal Investigator: *type here*

Title of Project: *type here*

Department: *type here*

Did you sign an informed Consent Form before participating in the project? _____

Were you given a copy of the Consent Form? _____

Were there significant deviations from the originally stated purpose, procedures and time commitment:

_____

I wish to comment on my involvement in the above project which took place:

_____

(Date) (Place) (Time)

Comments: _____

_____

Completion of this section is optional

Your name: _____

Address: _____ Telephone: _____

This form should be sent to the Chair, Thompson Rivers University, Research Ethics Committee on Human Subjects, c/o Vice-President, Academic, P.O. Box 3010, TRU, Kamloops, B.C. V2C 0C8