

APPLICATION TO PERFORM RESEARCH WITH HUMAN SUBJECTS

This form must be completed for all projects that involve the use of human subjects in any manner whatsoever; this includes observational studies, surveys and experimentation. *This form must be sent in before any research begins*. Participants will be contacted if there are problems with their project.

Attach copies of any questionnaires, interview schedules, tests, stimulus materials, or other items required for a complete review of your application.

FOR WBRSF USE ONLY					
Project Approved?	Yes	Yes, but with alterations	∜ No		
Describe required changes	s (if any):				
Participant Contacted?	₹Yes ₹No	Date Contacted:			
Committee Memb	er - Name	Committee Member - Signature	Date Signed		
I					
2					
PARTICIPANT INFORI	MATION				
Participant I:		Participant 2:			
Home Telephone:		Home Telephone:			
Email:		Email:			
PROJECT SUPERVISOR	(Teacher, Instructor or	Researcher)			
Name:	School or Organization:				
Telephone:		Email:			
PROJECT INFORMATI	ON				
Where will the experimen	nts/study take place?				
Grade:		Age Range of Subjects:			
Category (See WBRSF Infe	ormation Package):				
Project Title:					

PROJECT SUMMARY		252				
Please provide a brief summary of your propos the research (i.e. what the information will be u						
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DECLARATION						
I hereby certify that the information given above	e is correct and to the	best of my knowledge the above project co	omplies with the			
guidelines for the use of human subjects in scien	nce fair projects as stip	ulated by the Wood Buffalo Regional Science	e Fair.			
I have read the "Human Subject and Animal Us	•	, ,	•			
INFORMED CONSENT - Subjects must underspersonal information that may be required, and		, , ,	-			
CONFIDENTIALITY - The identity of the subjection	-		mat may be involved.			
ANONYMITY – When reporting or displaying	•	· ,	must not be directly			
identified or identifiable by other means.	auta, subjects (marriada	ans, g. cups, and participating organizations)	mase not be an ecci,			
BENEFITS OF RESEARCH OUTWEIGH RISKS			d the researcher(s)			
are subjected to minimal risks to their physical	and/or psychological w	ell being.				
Participant I - Signature	Date Signed	Parent or Guardian Signature	Date Signed			
Participant 2 - Signature	Date Signed	Parent or Guardian - Signature	Date Signed			
Project Supervisor - Signature	Date					
-,	<i></i>					
	Submit by amail to	o: info@whrsf ca				
Submit by email to: info@wbrsf.ca						