

MCPEI Mandate

The Mi'kmaq Confederacy of PEI (MCPEI) is the common forum and the unified voice for the advancement of Treaty and Aboriginal rights for the **Lennox Island** and **Abegweit** First Nations. The MCPEI is formally recognized as a Tribal Council, and a Provincial Territorial Organization

SUBMISSION CHECKLIST - required	Attached	N/A
Copy of the verbal or written Letter of Information that will be provided to participants before they are asked for consent to participate		
Copy of the informed consent(s) that will be distributed to each participant		
Copies of questionnaire, sample questions, thematic overview, interview guide and questions		
Recruitment: your recruitment notice, advertisement, and/or information sheet as well as that used by a sponsor or supportive organization, as may be applicable.		
Completed and signed application for review - original with 2 copies		
Institution/Affiliation ethics review forms		

Send Application to:

Contact: MCPEI Ethics Review Committee

Address:

Mi'kmaq Confederacy of PEI
200 Read Drive
Summerside, PE
C1N 5N7

Telephone: (902) 436-5101

Fax: (902) 436-5655

Email: tmacdonald@mcpei.ca



Application for MCPEI Ethics Review Committee

1.0 APPLICANT			
Family Name		Given Name and Initials	
Mailing Address		Email:	
		Telephone	
Title/Position: Supervisor: Institution/Affiliation:		<input type="checkbox"/> Unfunded Project <input type="checkbox"/> Funding Pending <input type="checkbox"/> Funding Received Sponsor/Agency: Start Date: Anticipated Completion:	
1.1 Co-applicant(s)			
Name:	Position	Dept.	Email
1.2 Collaborator(s)			
Name:	Position	Dept.	Email

2.0 TITLE OF PROJECT



3.0 PROJECT DETAILS

3.1 Abstract: (300 words)

3.2 Methodology: Indicate the research or study methods for conducting the research, including its appropriateness and sensitivity for Mi'kmaq communities. Indicate how participants are chosen.

3.3 Interpretation of Results: explain how the data will be analyzed and whether any Mi'kmaq people will be involved in, consulted with, or informed about, the interpretation process of analyzing the data or in its presentation of its findings and conclusions.

3.4 Are other approvals or permissions required? e.g. Field Safety Approval, School Board Approval; Community or Institutional Approval No Yes
Specify: Attached Follow

3.5 If you will be using archival data, please describe data source:

4.0 RECRUITMENT OF PARTICIPANTS

4.1 Describe the participants (eg. occupation, relevant membership, or student status) that will be involved in the research. Describe any special characteristics (such as age, race, gender, mental or physical disabilities)

4.2 Will vulnerable populations such as children; physically, cognitively or mentally challenged individuals, economically marginalized or incarcerated people be recruited? No Yes
If yes, please describe the population and any special measures that will be needed to address their vulnerable status.

4.3 How many participants will be involved?

4.4 Source of Participants - Check all that apply

- School Boards
- Correctional Services
- Agencies
- Mailing Lists
- Businesses, Industries, Professions
- Health Care settings, Long Term Care Facilities
- Other - Specify:

4.5 Describe how and by whom potential participants will be recruited. Please attach any recruitment notices, advertisements, or information sheets.

4.6 If honorarium or compensation will be offered, please provide the details.

4.7 Will people be informed of their right to withdraw from the study? Please describe procedures should someone wish to withdraw.

4.8 If your study requires a formal debriefing, please provide details about the procedures you will use.

5.0 ASSESSMENT OF RISKS Will this study involve any of the following:	NO	YES
5.1 Questions about sensitive or personal issues?	<input type="checkbox"/>	<input type="checkbox"/>
5.2 Psychological or emotional risk?	<input type="checkbox"/>	<input type="checkbox"/>
5.3 Physical, economic or social risk?	<input type="checkbox"/>	<input type="checkbox"/>
5.4 Risks to participants due to power imbalance?	<input type="checkbox"/>	<input type="checkbox"/>
5.5 Language and cultural sensitivities?	<input type="checkbox"/>	<input type="checkbox"/>
5.6 Other risk, please describe:		
5.7 DECEPTION If deception is involved, will it be minor, major or by omission? <input type="checkbox"/> minor <input type="checkbox"/> major <input type="checkbox"/> by omission Describe deception:		

6.0 BENEFITS Describe any benefit(s) for the individual Mi'kmaq person or to the Mi'kmaq Nation as a whole as a result of this study or its published report or findings.

7.0 Confidentiality and Anonymity: describe what measures will be taken to protect Mi'kmaq participants and third party privacy (confidentiality and anonymity).		
7.1 PRIVACY:	NO	YES
7.2 Will the participants identify themselves in a way that will allow you or anyone else to match their identity to the information you gain from them? If yes, explain.	<input type="checkbox"/>	<input type="checkbox"/>

<p>7.3 Will the confidentiality of the participant's identity be protected? If no, explain.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>7.4 Will information about the participants be obtained from sources other than the participants themselves?</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>7.5 Will the information on individual participants be disclosed to others?</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>7.6 Could publication of the research allow participants to be identified?</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>7.7 If it becomes possible that the participant's identity can be deduced by anyone other than the researcher, will the participant be told?</p> <p>Will he or she be able to withdraw?</p>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
<p>7.8 Will anyone other than the applicants listed here have access to the data?</p> <p>If using a translator will he or she sign a confidentiality agreement?</p>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
<p>7.9 Storage of data: detail how the data will be stored to ensure safety and confidentiality of the participants in the study. How long will the data be kept? Will the data be used again in another aspect of the study? Will the participants have the right to consent to this next phase of study?</p>		

<p>8.0 INFORMED CONSENT - Describe how language and cultural differences of Mi'kmaq people will be accommodated in communicating or deriving consent. Describe process for determining and using appropriate protocols and traditions for entering into Mi'kmaq territory and homes.</p>		
8.1 Indicate all applicable	NO	YES
<p>8.2 Letter of Information Participants will be given a Letter of Information (LOI). If no, please explain.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>8.3 Consent Form a) Participants will be asked to sign a written consent form (may be combined with LOI) If no, please explain.</p>	<input type="checkbox"/>	<input type="checkbox"/>
b) Participants are not in a position to give Consent to participate, so written permission will be acquired from person with legal authority.	<input type="checkbox"/>	<input type="checkbox"/>
c) Participants are children or other population unable to legally provide consent therefore shall require parental or guardian informed consent.	<input type="checkbox"/>	<input type="checkbox"/>

9.0 SIGNATURES	
<p>Applicant(s): I/we, the undersigned, certify that (a) the information contained in this application is accurate; (b) that conduct of the proposed research will not commence until ethical certification has been granted; (c) that the Board will be advised of any revisions to the protocol arising before or after ethical certification is granted. Conduct of research using human subjects that has not received ethics certification is a breach of policy on integrity in scholarly activity.</p>	
Applicant's Signature:	Date:
Supervisor's Signature: I have reviewed this application and agree with the information it contains.	Date: