



Research Department

Application to Credential Individuals Carrying out Research Activities

SECTION A. Demographics		
Name: <i>(print first, last)</i>		
Address:		
Phone Number: <i>(Home)</i>	<i>(Cell)</i>	<i>(Work)</i>
SECTION B. Educational Information		
Are you currently post secondary? <input type="checkbox"/> Yes <input type="checkbox"/> No* If no, skip to Section C.		
If yes, Name of University:		
Year: <i>(how many years completed)</i>		
Program(s):		
SECTION C. Professional Information		
If you are a researcher or research volunteer (non-currently enrolled student), please complete this section:		
Current Employer:		<input type="checkbox"/> N/A
Current Role:		<input type="checkbox"/> N/A
Regulatory Status		
I am eligible to be a member of a Regulatory College	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Name of Regulatory College:		
I am a member in good standing of my Regulatory College: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Registration Number: <i>(if applicable)</i>		
I carry personal malpractice/professional liability insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No		
I carry insurance to protect me from a workplace accident: <input type="checkbox"/> Yes <input type="checkbox"/> No		
SECTION D. Description of Research Project		
Title of Research Project:		
Brief description of your role on the project:		
Southlake Regional Health Centre Research Ethics Board Approval Date: <u> </u> / <u> </u> / <u> </u> or REB Approval Pending: <input type="checkbox"/> Yes		
External Research Ethics Board Name: _____ and Approval Date: <u> </u> / <u> </u> / <u> </u> <input type="checkbox"/> N/A		
Name of Sponsoring Organization, Project Lead or Qualified Investigator:		
Contact Information:		
Name of Individual completing REB Application: <input type="checkbox"/> N/A		
<i>(if you are completing the REB Application, who is supervising your work?):</i>		





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Anticipated Start Date of Project: mm / dd / yy Anticipated End Date of Project: mm / dd / yy

****Please provide a current copy of your resume/CV.****

DECLARATION

I have completed this Application to Credential Individuals Carrying out Research Activities and have appended my resume/CV. I have provided copies of REB approvals and/or letter of introduction from Qualified/Principal Investigator. I am a member in good standing of my Regulatory College (where one exists).

I am aware that Southlake regional Health Centre is not responsible for Workplace Safety and Insurance Board (WSIB) coverage (unless I am an employee of SRHC). I am solely responsible for any malpractice insurance I may choose to carry.

Further, I am aware that I am responsible to read, understand and sign the Southlake Regional Health Centre Confidentiality Agreement. I am to wear the Southlake Regional Health Centre Guest/Visitor/Research Volunteer/ Research Student Identification badge at all times while on the hospital premises.

Any matters of payment related to my research activities will be a matter between my funding source and myself and will not involve Southlake Regional Health Centre in any way, unless I am an employee of the hospital.

Research Applicant Signature: _____ Date: mm / dd / yy

SOUTHLAKE REGIONAL HEALTH CENTRE

Name: *(print first, last)* _____

Title: _____

Signature: _____ Date: mm / dd / yy

