



# WETASKIWIN REGIONAL PUBLIC SCHOOLS

*"Inspiring students to become the best they can be."*

## RESEARCH STUDIES APPLICATION FORM

Form 199-1

Wetaskiwin Regional Public Schools WILL NOT CONSIDER incomplete application forms. Nor will the Division accept detailed research proposals attached to the application form. It is the responsibility of the researcher to ensure that the essential information necessary for the Division to make an informed decision is provided in this application form. The Research Guidelines outline what attachments are required by the Division. Note: the Division will not accept applications that do not have an ethics board approval letter.

**\*Please note any information missing in sections 1-3 will be considered an incomplete application. Please ensure the application is legible.**

1. Applicant's Name:

Mailing Address:

Telephone: Home

Mobile

Work

Email:

Position title:

Institution:

**If you are an employee of the Wetaskiwin Regional Public School Division please include which school(s)**

2. Title of Proposed Research:

3. Complete if Applicable only:

Name of Sponsor/Thesis Advisor:

Department:

Phone:

Institution:

Position Held:

4. Type of Research:

Faculty Research

Ph.D. Dissertation

Master's Thesis

Undergraduate Research year

Other, explain

Proposed Research Sample:

Pre-School

Elementary

Jr. High School

Sr. High School

Staff

Other, explain

5. Persons Conducting the Research:  
(List **all** persons who will be involved in the data collection)

NAME

INSTITUTION

PHONE

6. Purpose and/or Rationale of Research:

7. Research Design and Data Collection (briefly outline hypothesis, research design and procedures, and sampling techniques). Attach all research instruments.

8. Subjects (indicate number and demographic characteristics of students, and other staff to be involved; approximate participation dates, and time commitments.) All informed consent letters must be attached.

A. Students/Staff needed:

Other Information:

Total number

## Ages

Gender

B. Will data include any information regarding subject's:

## Sexual behaviour

## Drug Use

## Religion

## Alcohol Use

## Family Income

## Ethnicity

Sex

If any of the above are checked, please explain:

C. Number of sessions per student/staff

Approximate length of each session

Maximum length of each session

## Testing procedure

individual

group

other

If group, give size of group(s)

9. Facilities and Equipment: (Indicate facilities and/or equipment which are required to conduct your study)

10. Ethical Approval (Attach a copy of the appropriate ethical review committees.)

### **AGREEMENT**

I have read the Guidelines for External Research Projects using Wetaskiwin Regional Public School Division Schools and agree to the conditions under which research requests are granted by Wetaskiwin Regional Public School Division.

Date

Research Investigator's Signature

Date

\*Faculty Signature

\*(If the Research Investigator is a student, this form must be countersigned by the student's thesis advisor at the college or university to indicate that the advisor has read the proposal and deemed it to be a valid and worthwhile research project.)

Submit applications via email to:

mike.wake@wrps11.ca

Mike Wake  
Superintendent of Schools  
Wetaskiwin Regional Public Schools

## CHECKLIST FOR PROPOSAL SUBMISSION

Submitted  
Electronically Enclosed

1. WRPS Division Research Application Form
2. All questionnaires and testing instruments
3. Permission Letters (parents, students, staff), where required
4. Ethical Review Approval Letter

*Note: Original documentation may be required as necessary.*

*Save this document to your desktop, email the document as an attachment to [mike.wake@wrps11.ca](mailto:mike.wake@wrps11.ca)*

Mike Wake  
Superintendent of Schools  
Wetaskiwin Regional Public Schools