Review the SSCY Research and Program Evaluation Access Guideline (10.30.20) and the SSCY website (<https://sscy.ca/researchers/applying-for-research-access-at-sscy-centre/>) to ensure all required documentation is submitted to the SSCY Research and Evaluation Committee when applying for research access at SSCY Centre. Research must align with SSCY missions, vision, and values ([Mission, Values and Principles | Specialized Services for Children and Youth - Services spécialisés pour enfants et jeunes (sscy.ca)](https://sscy.ca/caregivers-families/information-for-families/mission-values-and-principles/) )

**It is recommended that you contact the SSCY Centre Research Department (Elizabeth at (204) 451-5702 or ehammond@rccinc.ca) before submitting an application to discuss the project requirements and application procedure, including recruitment methods and knowledge translation plans.**

**\* Please note that this form will be returned to the applicant if there are incomplete answers, the alignment with SSCY’s mission, vision, and values is not clearly described, the layperson summary is not appropriate for a general audience, or an appropriate knowledge translation plan is not included.**

**Please submit all required documents to the SSCY Centre Research Associate:**

Via email (preferred): ehammond@rccinc.ca or

Via mail: Attn: Elizabeth Hammond, 1155 Notre Dame Ave, Winnipeg, MB, R3E 3G1

1. **Submission date:**
2. **Project title:**
3. **Principal investigator:**
4. **Affiliation (including institution and department or program):**
5. **Contact information:**
   1. **Phone number:**
   2. **Email address:**
   3. **Mailing address:**
6. **Anticipated project start and end dates:**
7. **Describe the participant population (e.g. clients (age, diagnosis, etc.), staff, management, etc.):**
8. **Describe how your project aligns with SSCY Network’s mission, vision, and values: *\*Note your request can be denied if your project does not align.***
9. **Describe the recruitment methods at SSCY Centre: Note only the following strategies will be considered for approval:**

**Consent to contact for research form On-site discussions with families**

1. **What is the estimated number of participants you hope to recruit from SSCY centre?**
2. **Advertisements may be posted at SSCY Centre, online or through the RCC/SSCY Family Network. Select all avenues below where you would like your advertisement to be posted. The advertisement provided in your submission will be posted on your behalf by the SSCY Research Coordinator. Please ensure your REB approval includes recruitment through the methods selected.**

**At SSCY Centre**

**In the RCC/SSCY Family Network Newsletter**

**On the SSCY Network website**

**On SSCY partner social media account**

**In the CTI Network newsletter (Clinician Newsletter)**

1. **REB Status:** submitted approved pending
2. **REB number:**
3. **Does the project require access to RCC/SSCY medical records?**

**Yes No**

***If yes:***

* 1. **Describe the records that will be used:**
  2. **How will the initial list of potential participants/cases be identified?**
     1. **Will an Accuro query by the privacy officer be required? (If yes, identify the fields. If no, please explain)**
  3. **Describe the information and provide a data extraction table which summarizes all the data fields expected to be received and/or accessed (including system requested/name of database, date range of data, data fields/variables, and rationale for each data field that will be obtained from the records:**
  4. **Identify who will be accessing the records and whether all team members have signed PHIA pledge of confidentiality: \*Note - RCC researchers with remote access to RCC data on an RCC laptop requires ethics approval for remote access:**
  5. **Have you submitted your data access request to the Provincial Health Research Privacy Committee (PHRPC) for review?**

**Yes No Pending**

***\*Please note- Accessing data from any SSCY partners requires Provincial Health Research Privacy Committee (PHRPC) review and approval for use of data. Once PHRPC approves use of data, RCC/SSCY will review to approve disclosure of the data***

1. **Does the project require access to other client records housed at SSCY Centre?**

**Yes No**

***If yes:***

* 1. **Describe the records that will be used:**
  2. **Describe the information that will be obtained from the records:**
  3. **Identify who will be accessing the records:**

1. **Describe the impact the project will have on SSCY Centre or Network staff who participate (e.g. time commitments, possible risks, possible benefits, etc.):**
2. **Describe any staffing resources that will be needed from staff located at SSCY Centre in order to conduct the project (including time that they will be required (ex. a physiotherapist for one hour twice a week for a month, or Accuro query requests for the privacy officer)):**
3. **Describe any physical resources that will be needed from SSCY Centre in order to conduct the project (e.g. space, equipment, supplies, etc., including time that they will be required (ex. a clinic room for two hours three times a week for a month)):**
4. **List all tools required including : DI viewer, echart, accuro, excel or other software, laptop rental, SSCY swipe access (\*Please note costs may accompany access to some tools/rentals . Check with department manager/director if costs accompany use)**
5. **Describe any other impact this project may have on SSCY Centre or Network clients, families or staff in general:**
6. **Researchers are required to share study results with appropriate audiences at SSCY Centre. This may include clients, families, clinicians, and management. Possible knowledge translation (KT) avenues include (but are not limited to): a short family friendly summary on the SSCY Network website and the Research Walls at SSCY Centre, a poster at SSCY Centre, sharing information in the RCC/SSCY Family Network Newsletter or on SSCY Network partner social media accounts, presenting to specific departments, or presenting at a Breakfast at SSCY learning series session. Researchers are also expected to share other KT resources that arise out of their research at SSCY Centre with the SSCY Research & Evaluation Committee (such as reports, publications, conference abstracts, media presentations, etc.). The Committee can also help disseminate KT resources. Describe the KT plan at SSCY Centre:**
7. **Provide a brief family friendly (layperson) summary of the project. This should be suitable for a variety of audiences (including clients and families, staff, management, other researchers, and members of the community), fewer than 250, words and at a grade 8 reading level or lower. It will be posted on the Research Walls at SSCY Centre and on the SSCY Network website (**[**https://sscy.ca/researchers/current-research-at-sscy-centre/**](https://sscy.ca/researchers/current-research-at-sscy-centre/)**).**

If all three reviewers recommend approving the project, the PI will be sent written notification of project approval. If one or more reviewers recommend against approval as the project is currently presented, the reviewers, the Committee coordinator, and the Committee chair will meet to discuss the project. The applicant may be asked to provide clarification or amended documents for second review. If one or more reviewers still recommend against approval, the project will be brought to the full Committee at the next scheduled meeting for discussion and decision.

**Signature Page to be signed and sent with SSCY application**

I, the undersigned have read and agree to abide by these SSCY Research and Program Evaluation Access Guidelines (INCLUDE LINK) in their entirety. I understand that failure to abide by these Guidelines may result in my current research access being revoked or may negatively affect any future research access requests at SSCY Centre.

Principal Investigator: Name

Principal Investigator: Signature Date

For projects requiring identifiable personal health information:

Where identifiable personal health information is requested, I declare that this research cannot be done without using identifiable personal health information, and that it is impossible or impractical to obtain consent from the people the personal health information is about.

Principal Investigator: Name

Principal Investigator: Signature Date