CIPSRT
Canadian Institute for Public Safety Research and Treatment

ICRTSP
Institut canadien de recherche et de traitement en sécurité publique

CIPSRT RESEARCH ENGAGEMENT FORM

In order to engage with our Public Safety Personnel (PSP) community for the purposes of research, you are required to complete the Research Engagement Form (REF). The REF is intended to standardize the collection of information regarding research initiatives that involve PSP. The REF is also intended to facilitate decision-making by CIPSRT, with respect to which studies will be shared across the CIPSRT network.

All fields are mandatory. Please ensure you provide all the required information, or the processing of your request(s) may be delayed. Applicants are also required to submit the CV(s) of the Principal and Co-Principal Investigator(s), and the ethical clearance/approval(s) related to the project.

Should you have any questions please, email: CIPSRT.administration@uregina.ca

When form is completed, please save as an **electronic PDF file** and submit via email to: CIPSRT.Administration@uregina.ca

Section 1: Research Project Title

a) What is the title of the research project?

Section 2: Research Ethics Approval

a.) Does the project have Research Ethics Board (REB) approval?

❑ Yes

REB approval number / Code:

Date of approval (DD/MM/YY):

Name of institution that granted REB approval:

REB contact e-mail:

❑ No

Explain why REB approval is not currently in place (max. 250 words)

b.) Is the research project minimal risk?

❑ Yes

❑ No

Section 3: Funding

a.) Is the study funded?

❑ No

❑ Yes

b.) Funding agency(ies):

c.) Funding ID number:

d.) Amount of funding (in Canadian dollars):

e.) Date of funding period:

Start Date (DD/MM/YY):

End Date (DD/MM/YY):

f.) Is there intent to commercialize results from the research?

❑ No

❑ Yes

Section 4: Research Team

a.) Principal Researcher / Principal Investigator / Principal Applicant:

Name:

Contact e-mail:

Institution / Agency / Organization / Business:

b.) Is the principal applicant a (check one):

- ☐ Undergraduate Student:
- ☐ Graduate Student:
- ☐ Post-graduate Student:
- ☐ Post Doctorial Fellow/Associate:
- ☐ University Professor:
- ☐ Other Independent Researcher:

c.) Name of students' primary supervisor:

d.) E-mail address of primary supervisor:

e.) Co-Principal researcher / Co-Investigator / Co-Applicant:

Name:

Contact e-mail:

Institution / Agency / Organization / Business:

f.) Co-Researcher(s) / Investigator(s) / Applicant(s):

Name	Organization	Contact Email

g.) Partner(s):

Name	Organization	Contact Email

h.) Collaborator(s):

Name	Organization	Contact Email

i.) Knowledge User(s):

Name	Organization	Contact Email

j.) PSP Sectors – select all that are, or will be, included in the research:

- ❑ Border Services
- ❑ Coast Guard
- ❑ Corrections (Federal)
- ❑ Corrections (Provincial)
- ❑ Families of PSP Firefighters
- ❑ (Career) Firefighters
- ❑ (Volunteer) Firefighters
- ❑ Indigenous Emergency Managers
- ❑ Operational and Intelligence Personnel
- ❑ Paramedics
- ❑ Police (Federal) Police
- ❑ (Municipal) Police
- ❑ (Provincial) Police
- ❑ Public Safety Communicators
- ❑ Search and Rescue
- ❑ Other

Section 5: Study Overview

(Please use language for a lay audience.)

a.) Background and summary describing the research (max. 500 words):

b.) Summary of the methods to be used (max. 500 words):

c.) Summary of the potential risks and potential benefits for participating PSP (max. 500 words):

d.) Summary of the scientific rationale and the potential impact for PSP (max. 500 words):

e.) What are the anticipated benefits to PSP from the study? (max. 500 words):

Section 5: Data Collection

a.) Summary of data collection procedures (max. 500 words):

b.) Date of funding period:

Start date (DD/MM/YY):

End date (DD/MM/YY):

c.) Scope of data collection (check all that apply):

- ❑ Municipal
- ❑ Provincial
- ❑ Territorial
- ❑ National
- ❑ International

d.) If the scope of data collection is limited to specific municipality / municipalities, province(s), territory / territories, or country / countries, please specify all that are involved:

e.) Please provide a list of the data collection tools (e.g., self-report tools, diagnostic assessment tools, biometric tools):

f.) Please provide a list of the interventions or services that will be provided to PSP as part of your study (e.g., Road to Mental Readiness; Cognitive Behavioural Therapy). For clinical interventions or services, please list the associated registered licensed clinician(s) and their role(s):

Intervention / Services	Name of Associated Registered / Licensed Clinician	Role of Associated Registered / Licensed Clinician

Section 7: Role of PSP in Research Project

a.) Summary of the role of PSP in the research project (max. 250 words):

b.) Identify the task(s), frequency, duration, and number of tasks in total:

Task	Number of times task is required during study (i.e., x1, x10, x20)	Length of time for each task (in minutes)	Total length of time for all tasks to be completed during study (Column A x Column B = Column C)
Survey – online			
Survey – hard copy			
Questionnaire – online			
Questionnaire – hard copy			
Personal interview – online			
Personal interview – in-person			
Focus group discussion – online			
Focus group discussion – in-person			
Provide physiological data (heart rate monitor, etc.)			
Participate in experiments			
Participate in training			
Working group – in person			
Working group – online			

c.) Compensation:

Will study participants be compensated for their participation in the study?

❑ No

❑ Yes (please specify):

Section 8: Knowledge Translation

a.) Summary of knowledge translation and mobilization plan, both integrated and end of grant (max. 500 words):

b.) First expected knowledge translation date (DD/MM/YY):

c.) Intent to make the results publicly available (e.g., open access peer reviewed publication)?

- ❑ No
- ❑ Yes

If yes, please explain decision and provide details regarding dissemination plan:

Section 9: Project Status

a.) Please identify the stage of your study:

- ❑ Under Development
- ❑ Submitted for Funding
- ❑ Pending Funding Decision
- ❑ Data Collection in Progress
- ❑ Data Analyses in Progress
- ❑ Knowledge Translation in Progress

b.) Are you seeking collaborating researchers?

❑ No

❑ Yes

If yes, please elaborate (max. 250 words):

c.) Are you seeking collaborating frontline PSP?

❑ No

❑ Yes

If yes, please elaborate (max. 250 words):

d.) Are you seeking funding?

❑ No

❑ Yes

If yes, please elaborate (max. 250 words):

Section 10: Conflict of Interest

a.) Please describe any real, potential or perceived conflicts of interest of each team member or sponsor (max. 500 words):

To maintain the highest level of transparency, it is important for CIPSRT and participants to know about any relationships or interests that could affect the work or people's perceptions of the work. This includes, but is not limited to team members who have commercial interests or employment for any of the services/ interventions or platforms being investigated, who have personal interest or conflicts with any organization/ group being studied, or who have potential to financially benefit from the work.

Section 11: Disclaimers

a.) By completing this form you acknowledge that:

- ❑ i. The information provided is complete and accurate.
- ❑ ii. You agree to have your application reviewed by CIPSRT.
- ❑ iii. You agree to have an overview of your study posted on the website for the purposes of recruitment.
- ❑ iv. You agree to have an overview of your study posted on the website for the purposes of knowledge translation and mobilization.

Section 12: Application Review/Decision Notifications

Applications are reviewed quarterly with decision notifications sent within eight (8) weeks of the quarterly review date.

Decision categories:

- Approved – recommendation to PSSC that the research project be shared.
- Pending – REF returned to applicant with request(s) for modification / clarification / revisions.
- Denied – recommendation to the PSSC that the research project not be shared.

Section 13: REF Submission

When completed, the REF, CVs and REB approval letter should be submitted via email to:

CIPSRT.Administration@uregina.ca

Please be advised that reviewal process happens quarterly beginning on June 30, September 30, December 31, and March 31. Applicants will be notified of the result within 8 weeks.