**FORM 1A: APPLICATION FOR AMENDMENT AND/OR RENEWAL**

**INSTRUCTIONS:**If you wish to renew or amend your research study that involves the collection of data from human participants, please complete this application form to obtain ethics approval from the Seneca Research Ethics Board (REB).

This form should be used by both internal and external applicants to obtain approval for research being conducted by or with Seneca faculty, staff and/or students.

NOTE: The Seneca REB reserves the right to request additional information as required. If the changes outlined in this application are substantive, the Seneca REB reserves the right to request a revised REB application be submitted for review.  
There are 3 parts in this form:

* PART A: General Information
* PART B: Description of Study Methodology & Procedure Changes
* PART C: Signature

**Submission Instructions:**   
The Seneca REB only accepts electronic copies of documents. Please complete all 3 parts and submit the full application along with the relevant appendices in electronic format to [REB@senecacollege.ca](mailto:REB@senecacollege.ca). Please print Part C with original signatures, and attach the scanned copy to your submission.

You will receive an email acknowledgement of your submission within 2 business days after the submission deadline date. This email will notify you if your application is complete and has been assigned for review or if you are required to modify your submission.

Please see <http://www.senecacollege.ca/research/ethics-board.html> for submission deadlines and meeting dates.

**PART A: General Information**

|  |  |
| --- | --- |
| Title of Research Project: |  |
| Date of request: |  |
| Original Approval date: |  |
| Previous renewal date(s): (if applicable) |  |
| Estimated start date: |  |
| Estimated end date: |  |
| Principal Investigator: |  |
| Co-Investigator: |  |
| Other Researcher(s): |  |
| E-mail address(es): |  |
| Organization affiliated with (if not Seneca or in addition to Seneca): |  |
| Phone: |  |
| Additional contact information: |  |

**PART B: Description of Study Methodology & Procedure Changes**

1. Please describe any changes to the approved research methodology and procedures in the space below.
2. Which element(s) of the protocol require(s) amendment (i.e. risks, participant pool, recruitment method, etc.)? Please describe in the space below the proposed amendment.
3. Are there any changes to the risks to study participants?

Yes No

If yes, please describe these changes in the space below.

1. Are there any changes to the recruitment procedures and/or participant pool?

Yes No

If yes, please describe the changes in the space below.

1. Does your study information/consent document require any changes? If so, please attach the revised document to this application.

Yes No

1. Are there any changes to any other aspect of the research protocol (including start/end dates)?

Yes No

If yes, please describe the changes in the space below.

1. Are **any** of the changes substantive?

Yes No

If yes, please describe the changes in the space below.

**PART C: Signatures**

**Principal Investigator’s Signature**

I certify that the information in this document is true and correct to the best of my knowledge.

Principal Investigator’s Signature Name & Title Date

**Administration Signature**

I am aware of and have approved the amendment/renewal request as outlined in this document.

(Student application) Instructor’s Signature Name & Title Date

(Seneca Faculty/Staff) Immediate Supervisor’s Signature\* Name & Title Date

*\*Director/Chair/Dean*