



Phase 3: Travel, Field Work, and Off-Campus Research/Activity – Request for Approval

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| This Request is for: | |
| | Domestic or International Travel – Complete Sections A, B, D |
| | Field Work – Complete Sections A, B, D |
| | Off-Campus Community-Based Research/Activity – Complete Sections A, B, C |

Section A: Principal Investigator Information:

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|--|--|---------------|--|
| Name of Principal Investigator: | | | |
| Department/Faculty: | | | |
| Phone: | | Email: | |
| Project Title: | | | |
| If Applicable: | | | |
| Funding Agency & Program: | | | |
| Partner Organization: | | | |
| REB Certification #: | | | |
| ACC Certification #: | | | |
| Biosafety Certification #: | | | |
| Other (i.e. permit, licenses, permissions): | | | |

Note: If you are requesting access for research personnel under your supervision, please complete section B.

Section B: Research Personnel/Graduate Student Information:

| | | | | |
|---|---|---|---|--------------------------------|
| Name: | | | | |
| Position: | <input type="checkbox"/> Faculty member | <input type="checkbox"/> Graduate student | <input type="checkbox"/> Post-doctoral fellow | <input type="checkbox"/> Staff |
| Program of Study: | | | | |
| Other Supervisors (if applicable): | | | | |
| Phone: | | Email: | | |

| | | | | |
|--------------------------|---|---|---|--------------------------------|
| Name: | | | | |
| Position: | <input type="checkbox"/> Faculty member | <input type="checkbox"/> Graduate student | <input type="checkbox"/> Post-doctoral fellow | <input type="checkbox"/> Staff |
| Program of Study: | | | | |

Please use Adobe Reader to complete this form.

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|---|--|---------------|--|
| Other Supervisors (if applicable): | | | |
| Phone: | | Email: | |

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|---|---|---|---|--------------------------------|
| Name: | | | | |
| Position: | <input type="checkbox"/> Faculty member | <input type="checkbox"/> Graduate student | <input type="checkbox"/> Post-doctoral fellow | <input type="checkbox"/> Staff |
| Program of Study: | | | | |
| Other Supervisors (if applicable): | | | | |
| Phone: | | Email: | | |

Section C: Off-Campus Community-Based Research/Activity

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| Location: | |
| Relevant Dates: | |

If you have REB or C19ARC approval, please attach the following:

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| For Human Participant Research | |
| | REB Approval |
| | REB COVID-19 Protocol |
| | Human Participant Safety Plan |
| | Partner Organization Approval (if applicable) |
| For Service or Education Activities | |
| | C19ARC Approval |
| | COVID-19 Protocol |
| | Activity Safety Plan |
| | Partner Organization Approval (if applicable) |

If you will also travel as part of your community-based research/activity, please complete Section D.

Section D: Research Travel and Field Work

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| Request Type: | Domestic | International |
| Location: | | |
| Means of Transportation: | Rental Vehicle Plane | Personal Vehicle* Public Transportation Other (Please Explain): |
| Leaving Date: | | Return Date: |

*The use of personal vehicles must follow the university's policy on [Use of Personal Vehicle for University Business](#).

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| <p>Rationale for requesting approval (i.e. urgency of the travel to research/activity project/program)</p> <p>The requested exemption relates to:</p> <p>The research/activity cannot be conducted remotely, and an alternative is not available or appropriate.</p> <p>The time-sensitive nature of the project (i.e. the topic of interest can only be observed, measured, and/or evaluated during a particular time).</p> <p>The data collection is part of a longitudinal study.</p> <p>The travel is related to advancing knowledge of COVID-19.</p> |
| <p>Explanation:</p> |
| <p>Where applicable, has the proposed travel and research received permission from the host (i.e. travel to a mine, field station, or work requiring third party logistical support, etc.)?</p> <p>Yes No Not applicable</p> |
| <p>If travelling to an Indigenous community, have you attached a letter from the Chief and Council and/or Authority with jurisdiction? Travel to remote and rural communities, including Indigenous communities, requires both the approval and observance of requirements from the communities.</p> <p>Yes No Not applicable</p> |
| <p>Have you checked to see if there are any restrictions in the Townships/Municipalities/Communities that you will be travelling to/through?</p> <p>Yes No Not applicable</p> |
| <p>Please describe how you will ensure the health and safety of all employees and staff by addressing the following:</p> <ul style="list-style-type: none">• The field work / research can be conducted while complying with social distancing and hygiene protocols as required by Health Authorities, the Government of Canada, and the Province of Ontario. The following should be considered:<ul style="list-style-type: none">○ Transportation plan○ Accommodation/lodging plan• Mitigation plan to return safely from the field /destination if you become ill or injured |

Approvals:

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| Signatures may be added using one of two formats as shown. | Faculty Dean Signature: | Vice-President, Research and Innovation Signature: |
| | Or click box to add scanned signature: Name: | Or click box to add scanned signature: Name: |
| DECISION: <input type="checkbox"/> Approved <input type="checkbox"/> Declined | | |
| Notes: | | |
| PLEASE ENSURE APPROVAL AND SIGNATURE ARE OBTAINED FROM YOUR FACULTY DEAN BEFORE SUBMITTING TO vpresearch@lakeheadu.ca | | |

Updated July 27, 2021