Application to Conduct Research with Human Subjects in Belize

Institute for Social and Cultural Research

of the

National Institute of Culture and History

Mountain View Blvd. City of Belmopan, Belize C.A. Phone: 501-822-3307
Email: iscr@nichbelize.org

PART A: COVER SHEET

Type of Application[1]

☐ New Application ☐ Resubmission ☐ Renewal of Permit

Research Title and Scope

1. **Project Title**[2]:

2. Purpose of Fieldwork:

☐ Academic publication

☐ Research consultancy

☐ Master's Degree Fulfillment

☐ Doctor of Philosophy Fulfillment

☐ Other _____

3. Time-frame for fieldwork in Belize[3]**:** _____

4. Principal Investigator (PI)[4]**:** _____

5. Co-Principal Investigator (Co-PI): _____

6. Co-Principal Investigator (Co-PI): _____

7. Institutional Affiliation: _____

8. Address: _____

9. Telephone: _____

10. E-mail: _____

[1] For a guide on the research application, please visit: https://nichbelize.org/research-and-publications/
[2] Title must be identical to proposal or thesis/dissertation.
[3] This must be a future date, please allow time for a complete review.
[4] If you are a student conducting research as part of your education, please list your main supervisor as the Principal Investigator.

PART B: RESEARCH PROTOCOL

Please respond to each question. Your responses should be clearly articulated and concise. State "Not Applicable" (N/A) if question does not apply to your protocol.

Research Objectives

1. State the objectives of proposed research.

Response:

2. State the significance of proposed research.

Response:

Human Participants

3. Explain why your proposed population sample is suitable.

Response:

4. State the number of proposed participants and its subsets where applicable.

Response:

5. Describe the demographic profile of your population sample (ethnicity, age, sex, profession).

Response:

Research Methods

6. Describe the suitability of the methodological framework.

Response:

7. Describe the suitability for the proposed methods/tools for data collection.

Response:

8. Describe the criteria for excluding participants involuntarily.

Response:

9. Describe the sampling and recruitment process.

Response:

10. Describe equipment to be used with participants

Response:

11. Specify the location of the proposed study.

Response:

12. List the key variables to be studied.

Response:

Consent and Risks

13. Describe measures to be taken to inform participants provide free, prior and informed consent.

Response:

14. Specify what factors may lead to stopping the procedures due to physical or emotional stress

Response:

15. Describe potential risks and assess the likelihood, severity, duration, and effects of each. Common risks include:

A. Physical injury

B. Loss of confidentiality

C. Intellectual property

D. Social or economic harm

Response:

16. Describe methods for minimizing risks. For example, document how potential psychological distress will be addressed, by whom, and with what credentials.

Response:

17. Describe how the intellectual property of individuals or community, if any, factor into the research process and output.

Response:

18. Describe any other matters to risk of research ethics

Response:

Benefits to Participants

19. Describe the benefits to these participants because of their participation.

Response:

20. Specify and justify any monetary compensation to be given to participants.

Response:

21. Describe the benefits accruing to the class of participants these individuals represent.

Response:

22. Describe the benefits accruing to society-at-large.

Response:

Confidentiality

23. Describe the method(s) used to protect the identity of individual participants. If a linked list is used, when will it be destroyed? Provide a sample of the code.

Response:

24. If applicable, justify why the identity of individual participants shall not remain confidential. State how this is approached in the consent form.

Response:

25. Describe plans for maintaining and/or deleting data after study is complete. PI/university should keep a copy for 3 years[5].

Response:

26. Describe who retain data copies, storage access, and for how long.

Response:

27. If audio or video-recording is to be used, specify the storage. Explain how these data collection tools are suitable. Describe specific risks related to the confidentiality of participants.

Response:

28. Describe any other aspects of confidentiality.

Response:

[5] Not applicable (n/a) is not an acceptable response for this question.

PART C: RESEARCH FUNDING

Please complete this section if the proposed research has or is expected to receive funding.

Funding details

1. Specify funding agency (attach funding contract and budget):

Response:

2. State any requirements of the funding agency (For example, relating to data or timeline of project).

Response:

3. State status of funding application status:

Response:

4. Specify grant/contract number:

Response:

PART D: ATTACHMENTS

Please certify that all required and supplementary documentation are submitted with the application. Complete Applications should be submitted to iscr@nichbelize.org.

Required Attachments

☐ Formal Letter of Request for Research Permit

☐ Curriculum Vitae for Principal and Co-Principal Investigator(s)

☐ Detailed Research Proposal

☐ Research Budget / Proof of Funding

☐ Consent form(s)

☐ Copy of national identification card (passport or social security)

☐ Three (3) Academic Recommendations (for first time applicants)

Additional Attachments

☐ Recruitment materials or scripts

☐ Data Collection Tools and/or Forms

☐ Funding Agency Contract or Agreement

☐ Copyright releases and/or agreements

☐ Letter of Agreement from relevant organization or authority where participants are sought

☐ Research Permit Approval from relevant local organization

☐ University Internal Review Board Result or Status Report

☐ Detailed Research Methodology Chapter if for Academic Thesis/Dissertation

☐ List of Project Members (if research includes more than one CO-PI, please list names, positions and roles).

☐ Other: _____

PART E: Submission Agreement

Please ensure that this section is authorized with digital or scanned signature. You may choose to print, scan and submit this section separately.

Submission Agreement by Principal Investigator

As the Principal Investigator (PI) submitting this proposed research and signing below, I agree to supervise and/or conduct the research involving human subjects as presented in the protocol or modifications to it and as approved by ISCR-NICH; to obtain and document informed consent and provide a copy of the consent form to each subject unless this is waived by the ISCR-NICH and to present any proposed modifications in the research to the ISCR-NICH for review and approval prior to implementation; to retain records for the mandated lengths of time; to report to the ISCR any problems or injuries to subjects; to attain authorization to conduct research from any other relevant authority in Belize or elsewhere; to utilize my best efforts to disseminate the research findings in Belize; to provide ISCR-NICH with two copies of any and all publications and outputs of the research.

My signature below confirms that I have read this protocol and approve of this application.

PI Name: _____

PI Signature: _____ Date: _____

Submission Agreement by Co-Principal Investigator

As the Co-Principal Investigator (CO-PI) submitting this proposed research and signing below, I agree to conduct the research involving human subjects as presented in the protocol or modifications to it and as approved by ISCR-NICH; to obtain and document informed consent and provide a copy of the consent form to each subject unless this is waived by the ISCR-NICH and to present any proposed modifications in the research to the ISCR-NICH for review and approval prior to implementation; to retain records for the mandated lengths of time; to report to the ISCR any problems or injuries to subjects; to attain authorization to conduct research from any other relevant authority in Belize or elsewhere; to utilize my best efforts to disseminate the research findings in Belize; to provide ISCR-NICH with two copies of any and all publications and outputs of the research.

My signature below confirms that I have read this protocol and approve of this application.

PI Name: _____

PI Signature: _____ Date: _____

PART F: Model Consent Form

You are encouraged to model your consent form after this model or according to the specifications of your relevant field of study and/or institution. Consent form must at a minimum include similar elements as this model. Before using this model, remove all text in brackets. Provide a print-ready copy for review.

Informed consent to participate in a research project

TITLE OF PROJECT:

NAME OF PRINCIPAL INVESTIGATOR:

NAME OF CO-INVESTIGATOR:

CONTACT NAME AND PHONE NUMBER FOR QUESTIONS/PROBLEMS:

SPONSOR OF PROJECT: [Funding Agency or company]

PURPOSE OF THE RESEARCH: [Explain that the study involves research and describe its purpose.]

PROCEDURES/METHODS TO BE USED: [Use LAY LANGUAGE at 6th- 8th grade reading level so participants clearly understand how the study will be conducted and what will be expected of them. Explain the techniques and procedures the participants will experience. Using "you" to refer to the participant, describe the expected duration of participation (such as “20 minutes a day, one day a week, for six weeks”) and identify and describe any experimental or non-standard procedures. Tell the participants if they will receive remuneration for participation and under what conditions. Tell them if they will be videotaped or audiotaped. State how the tapes will be stored or disposed of at the end of the study.]

RISKS INHERENT IN THE PROCEDURES: [Describe any reasonably foreseeable risks or discomforts to the participants; state "There are no known risks" if there are none.]

BENEFITS: [Describe benefits to the participants or to others which may reasonably be expected from the research Compensation/remuneration for time and effort is not considered a benefit –label these as Compensation. If there are no known benefits to the participant then please state.]

CONFIDENTIALITY: [Describe how confidentiality of records identifying the participants will be maintained. Do not maintain that only the PI will see data, as the ISCR and other human protection bodies may inspect the records.]

PARTICIPATION: [Include similar statement: Your participation in this research is voluntary. If you decide to participate in the study, you may withdraw your consent and stop participating at any time without penalty or loss of benefits to which you are otherwise entitled.

Your signature acknowledges that you have read the information stated and willingly sign this consent form. Your signature also acknowledges that you have received, on the date signed, a copy of this document.]

Authorization:

Participant name (printed)

_____ Participant signature Date

_____ Witness to signature [Investigator] Date

PART G: Contact Information

You are encouraged to contact the Institute for Social and Cultural Research to address any concerns, questions or queries that may arise at any stage of the application and research process.

Contact Details

Institute for Social and Cultural Research

National Institute Of Culture and History

Mountain View Blvd.

City of Belmopan, Belize C.A.

Phone: 501-822-3307

Email: iscr@nichbelize.org

Website: www.nichbelize.org