

## ***Request to Access the University of Regina Centre on Aging and Health (CAH) Directory of Potential Research Participants***

Researchers who wish to access the directory must obtain ethics clearance for their projects from the University of Regina, Research Ethics Board (REB). A copy of the REB approval form must accompany this application. Please attach a copy of the contact script and contact procedures to be used. Researchers are encouraged to acknowledge the limitations of recruiting through a directory of volunteers in any published reports. **Note: Researchers given access to the directory are expected to add participants to the directory over the course of their study. Failure to do so will be considered when subsequent directory use requests are submitted.**

Name of Researcher:		Phone #:	
		Email:	

CAH Membership status (circle one):	Member / Associate Member / Professional Associate / Trainee
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Name of Supervisor (if Trainee member):		Number of participants required:	
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Research Title:		Location of Research:	
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Research Description:	
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Duration of Research Session:		Expectations from Research Participants:	
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Will remuneration be provided?		If yes, please specify	
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I hereby certify that I will use the contact information provided to me by the CAH only to recruit participants for the above named study. I agree to offer participants, not recruited through this directory, the opportunity to sign a consent form to have their names added to the directory. I also agree to emphasize that joining the directory is completely voluntary and that they can withdraw their names at any time. I will ask each contacted participant if they wish to remain in the directory and will advise the CAH of any out-of-date information and any potential participants who wish to be removed from the directory. I will notify the CAH once the required number of participants has been obtained. The list of names and contact information must not be shared with any unauthorized individuals and must be destroyed following the completion of the data collection. I also certify that any electronic copies of the directory will be deleted permanently. I understand that failure to do so will be reported to the Office of the VP Research.

Signature \_\_\_\_\_

Date \_\_\_\_\_