Survey Governance Committee - Survey Review

Please submit your request a **minimum of one month** before your intended launch date.

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Survey title:

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Requestor full name (please provide your given name and family name below):

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Requestor email:

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Project lead full name (if different from Requestor):

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Project lead email (if applicable):

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Survey type (for more information review the Checklist for Research Requiring Ethics Review):

○ Quality Improvement (1)

○ Research Project (2)

Display This Question:
If Survey type (for more information review the Checklist for Research Requiring Ethics Review): = Research Project

Has this survey been approved by the Office of Research Ethics?

○ Yes, please include your certificate number (1)

________________________________________________

○ No (2)

○ Ethics application in progress / awaiting approval (3)

Display This Question:
If Has this survey been approved by the Office of Research Ethics? = No

Please note that all research projects need approval from BREB. Visit the BREB site for guidance.

Survey cycle (select one):

○ An ad hoc survey (limited to a single administration) (1)

○ A recurring survey (e.g. conducted every year, every term, etc.) (2)

○ Other, please specify below: (3)

________________________________________________
Describe the general purpose of the survey (max 250 words):


Intended recipient group(s) (choose all that apply):

☐ Prospective students (6)
☐ Undergraduate students (1)
☐ Graduate students (2)
☐ Faculty (3)
☐ Staff (4)
☐ Alumni (5)
☐ Other (7) ________________________________________________

Population:

☐ Targeted sample (invite a selection of the population) (1)
☐ Census (invite the entire population, e.g. all intended audience(s) ) (2)

Please indicate the total number of individuals you are inviting to participate in your survey (e.g. your invited population, not the number of respondents):


Please describe recruitment method(s) (i.e. How will participants be identified and contacted? By direct email or link in a newsletter, etc. Who will contact participants?):

________________________________________________________________

Number of reminders to be sent to invitees:

________________________________________________________________

Describe any incentives/remuneration for participants:

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

Survey administration (check all that apply):

☐ Web-based (1)

☐ Paper forms (2)

☐ Other, please specify below: (3)

________________________________________________

Display This Question:
If Survey administration (check all that apply): = Web-based
Survey tool:

- Qualtrics (1)
- Survey Monkey (2)
- Other, please specify below: (3)

__________________________________________________________________________________________

Whether your survey requires BREB review or not, all surveys at UBC are expected to include informed consent language. Please describe how consent will be obtained, and what information will be provided so that participants can make an informed decision on whether they wish to take the survey:

__________________________________________________________________________________________

Anticipated survey start date:

__________________________________________________________________________________________

Anticipated survey end date:

__________________________________________________________________________________________

Are you collecting personal identifiers? (Personal identifiers are those that when used alone, or in combination with other information, can lead to the identification of participants. These include: name, address, social insurance number, personal health number, date of birth, postal code. If any of these variables are being collected, answer Yes to this question):

- Yes (1)
- No (2)
If Are you collecting personal identifiers? (Personal identifiers are those that when used alone, or... = Yes

Please list the identifiers that will be collected:

________________________________________________________________

If Are you collecting personal identifiers? (Personal identifiers are those that when used alone, or... = Yes

Describe the safeguards that will be in place to protect the confidentiality and security of the data (e.g. data will be anonymized or de-identified):

________________________________________________________________

Specify how long the data will be retained, where the data will be stored, who will be the person responsible for the data, who will have access to it, and how it will be kept secure:

________________________________________________________________

If data will be destroyed, please describe the destruction process. If the data will not be destroyed, please explain why:

________________________________________________________________

Plans for future use of the data:

- Yes (explain below who will have access to the data in the future and for what purpose)
  (1) ____________________________________________________________

- No (2)
Upload your survey questionnaire and any supporting documents:
Do not include the survey link. Please attach as a word doc or PDF.

Would you like to share any additional information about your survey with us?

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