BHSc (Honours) PROJECT FORM

*Due at least 2 weeks prior to start of project   ** SAVE A COPY OF THIS FORM FOR YOUR RECORDS **

COURSE (PLEASE SELECT ONE)	Will registration in this course cause you to exceed the maximum of 9 units allowed of project/thesis courses in level 3?	YES	NO

STUDENT NAME:		STUDENT #:	STUDENT EMAIL:
First Name	Last Name	Must be 9 digits	

LEVEL (PLEASE CHECK ONE)	LEVEL 2	LEVEL 3	LEVEL 4

PROGRAM (SELECT ONE)	CORE	CHS	GHS	BMS	OTHER

SUPERVISOR INFORMATION

PRIMARY SUPERVISOR NAME:	SUPERVISOR AFFILIATION & ADDRESS:
First Name Last Name	Supervisor Dept and Faculty
SUPERVISOR EMAIL:	Supervisor Institution
SUPERVISOR PHONE:	Select Supervisor Position If "Other" is selected, please specify.
ADDITIONAL SUPERVISOR(S) & EMAIL (if applicable):	Supervisor Address

PROJECT LOCATION:	PROJECT TYPE:

TERM and YEAR:	PROJECT TITLE & TOPIC AREA:
Select term and year in which project will be completed	Project Title
	Project Topic Area

PROJECT START DATE:	PROJECT END DATE:

EVALUATION CRITERIA

EVALUATION CRITERIA *INCLUDE % BREAKDOWN

*NOTE: A self evaluation MUST be included in the evaluation criteria (1 page written reflection). The supervisor MUST review this with the student upon final evaluation. THIS IS A MANDATORY COMPONENT, AND WILL NOT CONTRIBUTE TO THE FINAL GRADE.

Evaluation Criteria	Value of Work /100%
Self-Evaluation (*required - must be reviewed and signed by supervisor)	0

Total:
*Total will auto-calculate based on numbers entered.
Only enter whole numbers. MUST total 100%

PROJECT TITLE, OUTLINE & LEARNING OBJECTIVES

TITLE OF PROJECT:	
STUDENT:	

Project Descriptors - Select ALL that apply to your project course work:

Systematic Review	Literature Review	Scoping Review	Meta-Analysis
Laboratory	Clinical Data	Includes Animals	Includes Human Subjects

Interaction with patients in a clinical setting or as research subjects *in-person ONLY*

Supervisor must confirm time commitment for this project course

I confirm that this student is committing to a minimum of 100 hours of work for this 3 unit project course (HTH SCI 3H03/3BM3/4D03/4W03)

I confirm that this student is committing to a minimum of 200 hours of work for this 6 unit project course (HTH SCI 3H06/3BM6)

BHSc Safety Education Training Record

You must review the **BHSc Placement/Project/Thesis Requirements** chart for safety training requirements, which may also include health screening, unpaid work placement forms, and risk management forms. This will be determined by your project type and location. Safety training dates of completion <u>MUST</u> be indicated below.

SAFETY TRAINING (*MOSAIC course code*)	DATE	SAFETY TRAINING (*MOSAIC course code*)	DATE
AODA and Human Rights Code (*AODA*)		Health and Safety Orientation (*HSORI*)	
Public Health Ontario (*FHSPHO*)		Ergonomics (*ERGON*)	
FHS N95 Respirator (*FHSN95*)		Violence and Harassment Prevention (*VHPW*)	
Chemical Handling and Spills (*CHEMHS*)		Slips, Trips and Falls (*SLPTRP*)	
Asbestos Awareness (*ASBEST*)		WHMIS 2015 (*WHMS15*)	

Please note: ALL fields must contain a date. Please enter the date training was taken or is planned to be taken. If a safety training course does **not** apply to you, please use **05-Sep-2000** instead (copy/paste this date).

FIRE SAFETY TRAINING (you must complete AT LEAST ONE of the Fire Safety courses below)	DATE
FHS Hospital Fire Safety (*FHSFSF*) If project is located at McMaster Hospital or off-campus. **Must be updated annually**.	
Fire Safety (*FIRETR*) If project is located on campus. **Must be updated annually.**	

ADDITIONAL TRAINING *AS ADVISED BY SUPERVISOR (PLEASE SPECIFY) e.g. BUILDING SPECIFIC TRAINING, BIOSAFETY, IMMUNIZATION REQUIREMENTS, SPECIALIZED EQUIPMENT TRAINING	DATE

ETHICS SCREENING

AS A STUDENT AND REPRESENTATIVE OF THE BACHELOR OF HEALTH SCIENCES (HONOURS) PROGRAM, WE EXPECT THAT YOU WILL CONDUCT YOURSELF IN A RESPECTFUL AND ETHICAL MANNER AT ALL TIMES AND TO ALL BEINGS. All research activities, conducted by students, faculty and staff under the auspices of the Bachelor of Health Sciences (Honours) Program, are to comply in spirit as well as in fact with the Tri-Council Policy for Research Ethics, the Animal Utilization Protocol (AUP) and the Canadian Biosafety Standards and Guidelines of the Public Health Agency of Canada (PHAC).

You should complete the ethics modules available **HERE** before you begin your project or thesis, regardless of whether or not your project requires ethics approval – completion of these modules will ensure that you understand the research ethics frameworks in Canada and how your project relates to them.

Ethics screening is a tool to determine whether or not you require full research ethics board review.

Please complete this Form with your project/thesis supervisor.

Part One

Does this project have research ethics approval? This can include bioethics approval; animal ethics approval; human participants, chart audit, or database approvals (e.g. databases available through institutions like Statistics Canada, publicly available databases, commercial cell lines, etc.).

A) No
(Please proceed to Part 2)

B) Yes
(Please provide the information below and obtain the supervisor signature. The ethics screening part of the form is completed)

Name of Research Ethics Board:	
REB Number:	
Date of approval or last renewal:	

Project submitted for review to an REB. Date to be submitted for review:	

Supervisor Signature: **Date:**

Enter your full name

By signing this form, the supervisor verifies that the student understands the research ethics implications of the project, and will be supervised by a faculty, staff or senior graduate student who is responsible for the research ethics review. Any breaches by the student of research ethics will be reported immediately to the assistant Dean of the Bachelor of Health Science program since it may constitute an academic integrity issue.

Once the supervisor signs this form, and you submit the form to BHSc, your ethics is cleared.

Part Two

Does this project <u style="color:red">not</u> require research ethics review as deemed by the project supervisor? For example, library searches, educational programming, clinical work, etc. do not require research ethics approval.

C) NO (Please go to Part 3)

D) YES
(please provide a brief rationale as to why it does not require research ethics review and obtain the supervisor signature below. The ethics screening part of the form is completed). Rationale:

By signing this form, the supervisor verifies that the student understands the research ethics implications of the project, and will be supervised by a faculty, staff or senior graduate student who is responsible for the project. Any ethical breaches by the student of will be reported immediately to the Assistant Dean of the Bachelor of Health Science program since it may constitute an academic integrity issue.

Once the supervisor signs this form, and you submit the form to BHSc, your ethics is cleared.

Supervisor Signature: **Date:**

Enter full name

Part Three

If this project does not have ethics approval from an institutional research ethics board, does the project have a research component? By research, we mean that you are generating original data intended solely for the purposes of research and its purpose is to determine a novel finding.

You will need to set up a time for a brief contact with Dr. Kristina Trim, RSW, to determine the status of your project. **Dr. Trim will need to contact you in order for your project to proceed.**

Student Name:

Student Email:

SUBMISSION

For Students:

Prior to completing this form, you must first save it to your desktop as a pdf, then complete and submit this form to your supervisor for approval. The filename must include the course code and your first and last names, using this format: coursecode_lastname_firstname.pdf (e.g. 3H03_Ritz_Stacey.pdf). Your supervisor must submit this form on your behalf to the BHSc program.

For Supervisors:

By clicking the submit button (below), you, the supervisor, confirm that the information on this form is accurate as per the details of the project course work the student will complete. Any changes made to the project course work throughout the duration of the project course must be brought to the attention of the BHSc Office via email. As a supervisor, you also confirm that you have reviewed and approved the project course content, and agree to supervise the student for the above described project course.

Once the information on this form is approved, as the supervisor, you must click on the red submit button to email this form to the BHSc office for review. Electronic submission of this HTH SCI project course form is done *in lieu* of a supervisor signature. By submitting this form, you are confirming approval of the project course content, evaluation criteria, and ethics requirements.

PLEASE NOTE:

If clicking the submit button does not automatically open an email with the form attached, please send it as an attachment to:

Submitt.lrlml0hmizufb8qh@u.box.com

OFFICE USE ONLY	DATE OF REVIEW	REVIEW NOTES (select option to enter custom text)
Forms Review:		