

**\*All users must download and save this form to your desktop prior to entering any information**

**All users must use Adobe Acrobat Reader DC to complete this form. You cannot use a browser or Apple Preview\***

## STEP 2 - HTHSCI THESIS PERMISSION FORM

\*This form must be submitted once the details of the project have been confirmed and before the end of September \*\*Save a copy of this form for your records

<b>COURSE (PLEASE SELECT ONE)</b>	<b>Will registration in this course cause you to exceed the maximum of 18 units allowed of project/thesis courses in level 4?</b>		<b>YES</b>	<b>NO</b>	
<b>STUDENT NAME:</b> <small>First Name Last Name</small>	<b>STUDENT #:</b> <small>Must be 9 digits</small>	<b>STUDENT EMAIL:</b>			
<b>LEVEL (PLEASE CHECK ONE)</b>	<b>LEVEL 2</b>	<b>LEVEL 3</b>	<b>LEVEL 4</b>		
<b>PROGRAM (SELECT ONE)</b>	<b>CORE</b>	<b>CHS</b>	<b>GHS</b>	<b>BMS</b>	<b>OTHER</b>

SUPERVISOR INFORMATION	
<b>PRIMARY SUPERVISOR NAME:</b> <small>First Name Last Name</small>	<b>SUPERVISOR AFFILIATION &amp; ADDRESS:</b>  <small>Supervisor Department</small>  <small>Supervisor Institution</small>  <small>Select Supervisor Position</small> <small>If "Other" is selected, please sepcify.</small>  <small>Supervisor Address</small>
<b>SUPERVISOR EMAIL:</b>	
<b>SUPERVISOR PHONE:</b>	
<b>ADDITIONAL SUPERVISOR(S) (if applicable):</b>	

<b>PROJECT LOCATION:</b>	<b>PROJECT TYPE:</b>
<b>TERM and YEAR:</b> <small>Select term and year in which project will be completed</small>	<b>THESIS TITLE &amp; TOPIC AREA:</b> <small>Project Title</small> <small>Project Topic Area</small>
<b>PROJECT START DATE:</b>	<b>PROJECT END DATE:</b>

EVALUATION CRITERIA	
Evaluation Criteria	Value of Work /100%

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

# THESIS TITLE, OUTLINE & LEARNING OBJECTIVES

TITLE OF THESIS:	
STUDENT:	

**Thesis Descriptors - Select ALL that apply to your thesis 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*

# 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 MUST be indicated below.

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

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).

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

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

# 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)

<b>Name of Research Ethics Board:</b>	
<b>REB Number:</b>	
<b>Date of approval or last renewal:</b>	
<b>Project submitted for review to an REB. Date to be submitted for review:</b>	

**Supervisor Signature:**

**Date:**

*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 not 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:**

## 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:**

# STEP 2 SUBMISSION

## For Students:

Prior to submitting this form to your supervisor for approval, you must ensure that you save the file to your computer. The filename must include the course code, the step, and the student's first and last names, such as: [coursecode\\_S2\\_lastname\\_firstname.pdf](#) (e.g. [4A09\\_S2\\_Ritz\\_Stacey.pdf](#)). Your supervisor must then submit this form on your behalf to the BHSc program.

## For Supervisors:

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

## PLEASE NOTE:

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

[Step\\_2\\_.vv34vk3yarrxjks@u.box.com](mailto:Step_2_.vv34vk3yarrxjks@u.box.com)

### OFFICE USE ONLY

DATE OF REVIEW

REVIEW NOTES (select an option or enter custom text)

### Forms Review:

#### Notice of Collection:

The information gathered on this form is collected under the authority of The McMaster University Act, 1976. The information is used for the academic, administrative, and statistical purposes of the Faculty of Health Sciences BHS Program including, but not limited to, maintaining records; academic counselling and the administration of examinations. Personal student information provided on this form will not be used for any unrelated purpose without the consent of the student. This information is protected and is being collected pursuant to section 39(2) and section 42 of the Freedom of Information and Protection of Privacy Act of Ontario (RSO 1990). Questions regarding the collection or use of this personal information should be directed to the Associate or Assistant Dean, Faculty of Health Sciences BHS Program, McMaster University.