**AMENDMENT FORM**

MI’KMAW RESEARCH PRINCIPLES AND PROTOCOLS:

CONDUCTING RESEARCH WITH AND/OR AMONG MI’KMAW PEOPLE

This form should be completed to request a change to a study that was previously approved by Mi’kmaw Ethics Watch.

**STUDY INFORMATION**

|  |
| --- |
| Study information  |
| Title of Study |  |
| Applicant name |  |
| Institutional/ organizationalaffiliation(s) |  |
| Email  |  | Phone |  |
| Co-Applications or Collaborators |  |
| Contact information for co-applicants and/or collaborators |  |
| Community/communities name and contact person |  |
| Date Approved by MEW | DD/MM/YYYY |

**AMEDNMENT(S) REQUESTED**

|  |
| --- |
| Indicate below the changes that will be made to your study. Append all associated documentation.  |
| In the box below, briefly explain the proposed changes and the reasons for them. |
| Click or tap here to enter text. |
| Change of researcher(s), collaborator(s), or communit(ies) | [ ] Yes[ ] N/A | Click or tap here to enter text. |
| Change to recruitment | [ ] Yes[ ]  N/A | Click or tap here to enter text. |
| Change to informed consent procedures, forms, or scripts | [ ] Yes[ ]  N/A | Click or tap here to enter text. |
| Change to design or methods | [ ] Yes[ ]  N/A | Click or tap here to enter text. |
| Change of funding | [ ] Yes[ ]  N/A | Click or tap here to enter text. |
| Extension past anticipated end date | [ ] Yes[ ]  N/A | Click or tap here to enter text. |
| Change or copyright, royalties or community engagement  | [ ] Yes[ ]  N/A | Click or tap here to enter text. |
| Other | [ ] Yes[ ]  N/A | Click or tap here to enter text. |

**PLEASE ENSURE ALL NEW DOCUMENTATION IS INCLUDED WITH THIS ADMENDMENT FORM (QUESTIONNAIRES, CONSENT FORMS, ETC).**

THE COMPLETED FORMS SHOULD BE SENT ELECTRONICALLY TO:

**MEW@CBU.CA**