



34 Berczy Street, Suite 190
Aurora, Ontario L4G 1W9
Phone: (905) 841-6611
www.kerrysplace.org

External Research Request Form

Please submit completed form and any accompanying documentation to research@kerrysplace.org.

Date External Research Request submitted:	
Name of Research Project:	
Name of Researcher:	
Researcher email address:	
Researcher phone number:	
Researcher's name of affiliated agency/university:	
Have you received confirmation of Research Ethics Board? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Please attach copy of certificate</i>	
Is this project post-graduate work? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Has a copy of research proposal and accompanying literature review that was provided to Research Ethics Board been included? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Please attach copy of research proposal and accompanying literature review</i>	
Is the Research Ethics Board academically based? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Were details regarding the type of support required from Kerry's Place Autism Services and rationale for support provided? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Please attach copy of these details</i>	
Was an information letter regarding the voluntary participation of subjects provided? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Please attach copy of information letter</i>	
Was a copy of the consent form to be used for participants provided? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Please attach copy of consent form</i>	
Where would you like for the research project/calls for participation to be posted?	
Kerry's Place Website <input type="checkbox"/>	
Regional Community Services Resource Centre Information Bulletin Board <input type="checkbox"/> Locations include: Aurora, Belleville, Brampton, Guelph, Mississauga, Orangeville, Oshawa, Toronto, York/Simcoe	
If this request is approved, have you provided confirmation that the findings and recommendations can be shared on the Kerry's Place website? Yes <input type="checkbox"/> No <input type="checkbox"/>	
The following portions of this form are for internal use only and not to be completed by the applicant.	
This has been reviewed and approved by: _____, Regional Director of Supports and Services	Signature:
This has been reviewed and approved by: _____, Clinical Director	Signature:
This has been reviewed and approved by: _____, Regional Executive Director	Signature:
This has been reviewed and approved by: _____, Chief of Clinical Supports and Services	Signature:
Is this external research request approved? Yes <input type="checkbox"/> No <input type="checkbox"/>	Date approved:
If approved, have appropriate consents been obtained? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Please attach copy of consent form</i>	