REQUEST TO ACCESS DAN MANAGEMENT RESEARCH PARTICIPANTS

1. Ethics Protocol Review Number: ____________________

2. Name and Position of Investigator(s):

_______________________________________________

_______________________________________________

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3. Title of Study:

___________________________________________________________________

4. Type of Study (circle one): ONLINE   LAB

5. Number of participants requested: _______________

6. Approximate amount of time study will take participants: ________________

7. If your research extends over more than one day, please explain:

___________________________________________________________________

___________________________________________________________________

8. Desired start date of study: _______________________

9. Explain any special circumstances to be considered for determining allocation: (e.g., manuscript revisions, deadlines for student graduation, student from outside department, specific participant criteria, etc.)

___________________________________________________________________

___________________________________________________________________

___________________________   ___________________
Researcher Signature     Date

Submit completed form to Bonnie Simpson (Chair, Research Participation Committee) via email as an attachment to bonnie.simpson@uwo.ca.