** RESEARCHER APPLICATION**

**Nanaandawewigamig**

**First Nations Health and Social Secretariat of Manitoba**

**Health Information Governance Committee (HIRGC)**

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| **Date of Application:** |
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| **Purpose of Application (What are you seeking from HIRGC) Please Circle One:** |
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| **Advice Letter of Support Partnership/Collaboration Other (Please State):**  |
|  |
| **Contact Information** |
| **Name of Researcher:**  |
| **Address:** |
| **Phone:** |
| **Fax:**  |
| **E-mail:**  |

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| **Title of Research Project** |
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| **Project Timeframe:**  |

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| **Members of Research Team** |
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| **Purpose of Research Project** |
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| **Brief Description of Methodology (Please use clear, layman’s English – define any medical or other terms)** |
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| **Benefit to First Nations & Manitoba First Nations – Including direct benefits of First Nations Participation on Advisory Committee and/or Project Team** |
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| **Involvement of Manitoba First Nations – Ongoing & Proposed****i.e. involved in research design, research team, staffing, advisory or oversight committee members, etc.** |
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| **Evidence of following the Chiefs requirements for Respectful Research** |
| **Free, Prior, Informed Consent (individual & collective i.e. participants and Chiefs & Councils):** |
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| **First Nations OCAP ( Applying Principals - Ownership, Control, Access, and Possession):** |
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| **Ethical Standards of First Nations:** |
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***“Research is a relationship based on respect and it takes time to build a relationship”***

**Manitoba First Nations Elders 2005 Workshop on Health Research Ethics**

**Please attach your submission to and proof of review by external Ethics Boards**

**(Such as UM HREB, Manitoba Health HIP-C, Health Canada REB, or others) proposal and application for funding.**

**Contact Information:**

**Nanaandawewigamig**

**First Nations Health and Social Secretariat of Manitoba**

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**Winnipeg, MB R3B 2B3**

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