**VPRI Application Form for ramping up research activities – Faculty of Health**

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| Name of Researcher: |
| Department: |
| Cell Phone: |
| Email: |
| Date submitted: |
| **Research Description** |
| Proposed phase (see above: 2, 3, or 4): Earliest potential start date of research: |
| Field and nature of research being conducted: |
| Does this research involve **human participants**?If yes, what type of populations (healthy, aging, clinical populations, etc) are involved?How do you plan to mitigate risk/manage public health standards for participant-based research? |
| Short description of the research activities that are requested to be performed on campus: |
| What **stage** are each of these research activities at: Starting, On-going, Nearing Completion.  |
| Rationale for requesting access, addressing why research **cannot be completed remotely** and if there are *time sensitivities* related to your research and/or its *critical* nature (300 words) |
| Is there preparation time required to become research ready (i.e.: grow cell cultures, equipment calibration, procurement of reagents etc.)? (Y/N)If yes, please describe and indicate length of time needed:NOTE: During preparation time only the PI researcher and one other Graduate Student, Post Doc, or Technician **(maximum 2 occupants)** will be permitted. No undergraduates will be permitted at this time.  |
| If this research requires non-York partners to come to campus, describe who the partners are and present a justification why they need to be physically present. |
| Graduate student(s) close to program completion? (Y/N)If yes, please provide graduate student name(s) and estimated program end date(s): |
| **Location(s) of facility where access is being requested:** |
| Building(s): | Floor(s): |
| Room number(s): | Faculty: |
| **Schedule of PI Researcher presence:** |
| Provide planned work schedule in facility to maintain compliance with physical distancing:Frequency:Dates: Times in:Times out: |
| **Contact Information and scheduling for ALL other team members requiring access to facility (use additional space as required)** |
| Team Members (in addition to the PI) that must have access to Research Facilities with contact information: * Name:
* York ID# / Student #/ Employee # :
* Email:
* Cell phone:
* Position:
* Time during which access is requested:
	+ - Frequency:
		- Dates:
		- Times in:
		- Times out:
* Location:
	+ - Building(s):
		- Faculty:
		- Room number(s):
		- Floor(s):

Repeat information for each team member requiring access. |
| **Plan for public health related measures** |
| Describe plans to implement COVID-19 related [public health measures](https://coronavirus.info.yorku.ca/#publichealth) (eg: maintaining a 2-metre distance in all work areas, PPE usage, hand hygiene, disinfection of touchpoints, scheduling lab occupancy etc.)  |
| PPE needs: What PPE do you require for this plan? What PPE do you have access to? What do you need? |
| **Additional considerations** |
| Ethics Protocol Approval #: |
| Required certifications:Human ACC Biosafety Other (please describe in detail)  |
| Please describe if applicable to your research:-Special IT requirements-Shipping/ receiving-Chemical/radiological waste disposal-Other |
| **Plan for rapid shutdown if needed** |
| Please describe what measures will be taken if a rapid shutdown were needed, length of time it would take, consequences for research  |
|  **Signatures: Access to research facilities will only be granted upon approval and signature by researcher, Dean/Designate and VPRI.** **I verify the content of this plan is complete and accurate and I further agree to abide by this plan, its associated principles and all York and all public health directives.**Researcher:Date:**­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­ On behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Faculty) I authorize this plan to ramp up ­on campus research activities­­­­­­­­­­­­­­­­­**Dean or designate signatureDate: Comments including any modifications to the plan proposed above:Date approved for lab entry for preparation (Phase2): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date approved for priority research activities (Phase 3): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date approved for all research activities (Phase 4):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Vice-President Research & Innovation:Date: Comments: |