**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 signature  Date:  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: | |