**Stage 2: Application Form Template for ramping up research activities – Faculty of Health.**

|  |  |
| --- | --- |
| Name of Researcher: | |
| Department and Faculty: | |
| Cell Phone: | |
| Email: | |
| Date submitted: | |
| **Research Description** | |
| Proposed start date of research: | |
| Field and nature of research being conducted: | |
| Short description of the research activities that are requested to be performed on campus: | |
| Rationale for requesting access, addressing why research can’t be completed remotely and if there are time sensitivities related to your research and/or its critical nature (300 words) | |
| Does this research involve **human participants**?  If yes, what type of populations (healthy, aging, clinical populations, etc) are involved? | |
| 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. | |
| What **stage** are each of these research activities at: Starting, On-going, Nearing Completion. | |
| Is there preparation time required to become research ready (ie: grow cell cultures, equipment calibration, procurement of reagents etc.)? (Y/N)  If yes, please describe, indicate length of time needed:        NOTE: During preparation time only the researcher and one other Graduate Student, Post Doc, or Technician **(maximum 2 occupants)** will be permitted.  No undergraduate student will be permitted at this time. | |
| Please provide a justification for any of the following reasons why the proposed research is time sensitive:   * Home environment inhibits research productivity: justification needed (Please give particular attention to the time-sensitive aspect) * Seasonal research * Upcoming grant application: specify * Pre-tenure faculty member * Lab preparation for fall research * Research at third party site (e.g, local park, hospital) * Graduate student(s) close to program completion?   + - If yes, please provide graduate student name(s) and estimated program end date(s): * Post doc near to end of funding   + - If yes, please provide postdoc name(s) and estimated program end date(s): * Visiting faculty working on time limit * If yes, please provide graduate student name(s) and estimated program end date(s): * Technical support: (note affiliation if any, e.g. YUSA, etc.) * Other(s) in light of the Stage 2 Ramping Up Research criteria | |
| **Location(s) of facility where access is being requested (including research adjacent spaces):** | |
| Building(s): | Floor(s): |
| Room number(s): | Faculty: |
| **Schedule of 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 (eg: maintaining a 2-metre distance in all work areas, PPE usage, hand hygiene, disinfection of touchpoints, scheduling lab occupancy etc.) | |
| **Additional considerations** | |
| Ethics Protocol Approval #: | |
| Required certifications Approved  Human Participants   * Received (date) * forthcoming    ACC   * Received (date) * forthcoming     Biosafety   * Received (date) * forthcoming       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 and final approval by Space Allocation Committee.**    **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 (Stage 2): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Date approved for priority research activities (Stage 2): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      Vice-President Research & Innovation:    Date:    Comments: | |