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

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| 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

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| **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:      |