



**APPLICATION FOR PERMISSION TO CONDUCT RESEARCH**  
(To be completed prior to District consideration of request)

**Name and Title/Position of Principal Researcher/Applicant:**

**Contact Information:**

**Organization/Agency:**

**Title of Study:**

**Purpose of Study:**

**Study Start Date:**

**Study Completion Date:**

**Number of participants required:**

**Estimate of time required of students/teachers/staff:**

**Summarize potential benefits for teaching and learning:**

**Please attach:**

1. Research Proposal
2. Ethics Approval
3. List of potential participating schools
4. Sample of research instrument(s) to be used in study (survey, interview guides, etc.)
5. Informed consent letter for participants explaining research and seeking permission to participate

**Note: Please use the Research Approval Conditions Checklist as a Guide.**

A copy of this form **MUST** be returned to the address Below and to the potential schools before research can begin:

**Attention: Associate Director of Education**  
Newfoundland and Labrador English School District  
95 Elizabeth Avenue  
St. John's, NL  
A1B 1R6

