**Note: This is a working document to draft a data request. It can be helpful when collaborating with others or seeking feedback on a request prior to submission. Learning data requests must be submitted at** [**https://ubc.ca1.qualtrics.com/jfe/form/SV\_ehdSfadmzwRysOF**](https://ubc.ca1.qualtrics.com/jfe/form/SV_ehdSfadmzwRysOF)

# Access to and Use of Learning Data for Quality Assurance / Enhancement Purposes – application form

If you are unsure whether the project you are planning is Quality Assurance or Research (requiring formal Behavioural Ethics oversight), please refer to the checklist available on the website: <https://ethics.research.ubc.ca/sites/ore.ubc.ca/files/documents/BREB_ChecklistForResearchRequiringEthicsReview.pdf>

### TEAM

* 1. **Academic Oversight**

*The individual with an academic appointment who is taking responsibility for this QA activity.*

Name /Primary Appointment / Rank / Email

### Primary Contact

*Provide the name of ONE primary contact person in addition to the Academic Lead (normally Head or Dean) who will receive ALL correspondence for this study. This person will have access to read, amend and track the application.*

Name / Primary Appointment / Rank / Email

### QA Team Members

*Please list additional team members and their roles:*

|  |  |  |  |
| --- | --- | --- | --- |
| **Last Name** | **First Name** | **Department** | **Rank / Role** |
|  |  |  |  |
|  |  |  |  |
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### PROJECT DATES & FUNDING

* 1. **Project Period**

*Please choose one of the following:*

* + - Plan to request and analyze the data immediately after obtaining approval; OR
		- Plan to request and analyze the data at a later date.

Estimated start / end dates:

### Source of Funds

*Please select applicable box(es) to indicate the type of funding you are receiving:*

* + - No funding
		- SoTL Seed Fund
		- TLEF or ALT
		- Other (internal / external, please specify):

### Connection to Other Applications

*If this project is related to any other REB or QA applications, please identify them here:*

### Conflict of Interest / Commitment

*Conflicts of Interest / Commitment (see UBC Policy 97) can arise naturally from a Team Member’s engagement inside and outside the University, and real or perceived Conflicts do not necessarily imply any wrongdoing. However, they must be recognized, disclosed and assessed.*

Does any member of the Project Team have any personal interest(s) that could compromise or reasonably be perceived to compromise the objective completion of these analyses?

Personal interests may include business, commercial or financial, as well as personal matters and career interests.

* No
* Yes (please explain):

### PROJECT DESCRIPTION

* 1. **Project Summary**

*Please provide a short summary of the project in non-technical language. What are you trying to learn? Why is this project considered quality assurance?*

### Peer Consultation

*Please list the names and contact information for peers, colleagues and/or experts you have consulted about this project:*

|  |  |  |
| --- | --- | --- |
| **Name** | **Role** | **Email address** |
|  |  |  |
|  |  |  |
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### Inclusion Criteria

*List the courses, sections and/or programs which will be included in this project. Describe the criteria for inclusion.*

|  |  |  |  |
| --- | --- | --- | --- |
| ***Program*** | ***Course*** | ***Section*** | ***Years of Study*** |
|  |  |  |  |
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### Exclusion Criteria

*Describe the student types, courses, sections and/or programs to be excluded from this project, and describe the criteria for exclusion. Please note that exclusion of individuals on the basis of attributes protected under the BC Human Rights Code requires justification.*

### Outcomes of Analyses

*Describe the potential actions that you hope may result from the outcomes of the analysis. Describe the potential benefit to students, the Course, Department and/or Faculty, as well as to the University.*

*What risks do you foresee?*

### Communication

*How, when and to whom do you intend to communicate the findings of the analysis?*

### DATA SECURITY & CONFIDENTIALITY

* 1. **Personally Identifiable Information**

*Are personal identifiers (e.g. student IDs) required as part of this project?*

* + - No
		- Yes. If yes, please explain why.

### Notification

* + 1. **Instructors**

*Please describe how you will notify instructors involved in teaching the courses mentioned above. If you do not intend to provide notice, justification is required.*

### Students

*Explain how you will notify students, including any provision for opting out of the proposed analysis.*

### Data elements required

*Please describe the data elements and structure required. If the data will be combined with other data, please describe in detail.*

### Access to data

*Who will have access to the data? Will all members of the project team have access to the all elements? Are confidentiality agreements in place? Please describe in detail.*

### Retention and Destruction of Data

*How long does the data need to be retained? Please note that at the end of the QA project, we expect that the data is erased using FIPPA or HIPPA compliant software (e.g., ERASER).*

### Data Storage and Security

*How will the data be stored? How will security of the data be maintained?*