VIRGINIA DEPARTMENT OF CORRECTIONS Human Subject Research and Review Committee

EXTERNAL RESEARCH PROJECTS

Research Proposal

Note: This is a sample outline to use as a guide in completing your Research Proposal. Please limit your Research Proposal to no more than 20 pages not including bibliographies, vitas, endorsements, consent forms, etc.

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|----|--------|-------------------|----------------------------------|---------------|------|
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- A. Principal Researcher:
- B. Affiliation:
- C. Address:
- D. Telephone:
- E. e-mail Address:
- F. Project Supervisor/Advisor (if different from A.):

Telephone:

e-mail Address:

G. Funding Source (if any):

II. PROPOSAL INFORMATION

- A. Date Proposal Submitted to DOC Research and Management Services:
- B. Title:
- C. Purpose:
- D. Methodology:
- E. Informed Consent:
- F. Time Frame:
- G. Department Resources Required:

III. ENDORSEMENTS

VIRGINIA DEPARTMENT OF CORRECTIONS Human Subject Research and Review Committee

EXTERNAL RESEARCH PROJECTS

Research Agreement

This research agreement is submitted with the research proposal. The following is completed by the researcher.

| Project Title: | |
|---|---------------------------------|
| Project Starting and Ending Dates: | |
| Date Final Report Due: | |
| I, the undersigned, hereby do affirm that I and a understand, and agree to abide by the current Co-Corrections' <i>Regulations for Human Subject Research</i> | mmonwealth of Virginia Board of |
| (Name of Principal Researcher) | (Title) |
| (Academic/Professional Affiliation) | |
| (Street Address) | (Telephone) |
| (City, State, ZIP) | (e-mail Address) |
| (Signature of Principal Researcher) | (Date) |
| (Signature of Advisor, if applicable) | (Date) |
| (Signature, Research and Management Services) | (Date) |

VIRGINIA DEPARTMENT OF CORRECTIONS

Human Subject Research and Review Committee External Research Projects

Voluntary Informed Consent to Participate In Research

| Research Project Name: | | |
|------------------------------------|--|--------------------------------|
| Conducted by: (Name/Title) | | |
| Affiliation: | | |
| DESCRIPTION OF STUDY | 7 | |
| Purpose: | | |
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| | | |
| Benefits: | | |
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| Participation Requirements: (What | at is the participant requested to do; how long should | d it take?) |
| | | |
| | | |
| Confidentiality/Anonymitys (II | 11.4 | 10) |
| Confidentiality/Anonymity: (How | will the participant's identity and responses be pro- | tected?) |
| | | |
| | | |
| Possible Risks to Participant: | | |
| | | |
| | | |
| | | |
| in the study. I understand that my | and have had an opportunity to ask quay identity in this study will be kept cony voluntary. I understand that I am fray negative consequences. | onfidential or anonymous. My |
| ☐ I AGREE to participate in th | is study | I to participate in this study |
| Participant Name (printed) | Participant Signature | Date |
| Witness Name/Position (printed) | Witness Signature | Date |