



CPCSSN SRE Request (CSR)



CPCSSN Administrative Section

CSR-SRE Project ID: _____ Complete CSR received: _____
(dd-mmm-yyyy)

Instructions

Fill out ALL fields in this form. Incomplete forms or missing information will be sent back to the researcher to complete

Researcher Information

Name	Address
Telephone	Fax
Email	University/Organization
Faculty	Department
CPCSSN Network (if applicable)	



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Collaborator(s)/ Co-Investigators Information

If you have more than one collaborator or co-investigator, fill out additional fields at the end of this document

Name	Address
Telephone	Fax
Email	University/Organization
Faculty	Department
CPCSSN Network (if applicable)	

Is this project part of a trainee curriculum? If yes, fill this section - YES NO

Trainee Information

Name	Address
Telephone	Fax
Email	University/Organization
Faculty	Department
CPCSSN Network (if applicable)	Trainee Year (e.g. PhD1, MSc2 etc.)



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Other Research Personnel

If you have more than one research personnel, fill out additional fields at the end of this document

Name	Address
Telephone	Fax
Email	University/Organization
Faculty	Department
CPCSSN Network (if applicable)	Trainee Year (e.g. PhD1, MSc2 etc.)
Name	Address
Telephone	Fax
Email	University/Organization
Faculty	Department
CPCSSN Network (if applicable)	Trainee Year (e.g. PhD1, MSc2 etc.)



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Project Information

Project Title		
Has the project undergone a peer review process?	YES	NO
If YES, which agency, committee, or institution?		
Has the project received REB approval? If Yes, please append REB approval letter to this application*	YES	NO
Please provide a lay summary of the research proposal (250 Characters)		
Have you appended the full research proposal? **	YES	NO

*If the project has not received REB approval, you may not proceed with the CSR submission

**You are required to attach the full research proposal to the application. Failing to attach a copy of your research proposal will render an incomplete application.



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SRE Software Requirements

Request Date: (YYYY/MMM/DD)	
Project Start Date (YYYY/MMM/DD)	
Project End Date (YYYY/MMM/DD)	
SRE Software Requirement (This is a list of software available within the SRE, if you need other software/programs in the SRE, please add it under other)	<input type="checkbox"/> R Studio <input type="checkbox"/> SAS <input type="checkbox"/> Python
Other:	



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Document Checklist

CSR completed
SRE User Agreement
SRE User(s) Access Form
Complete Research Protocol
External Scientific Review (if available)

Terms of Agreement

- I agree to the terms of use of the SRE
- Only users who have filled the SRE User(s) Access Form will be granted access to the SRE.
- I have read and understand the process and timeline to access CPCSSN Resource described on the CPCSSN website.
- I agree to pay all cost recovery fees within 30 days of receiving the CPCSSN invoice.
- If there are any publications that may arise from this research proposal, I will acknowledge CPCSSN in the acknowledgement section of the publication

I agree and understand all the clauses in this application.

Signature _____
Signature of the Person Submitting this Form

Name _____
Name of the Person Submitting this Form (print)

Date of Signature _____
MM DD YY