



## Appendix 2: Data Access Application Form

This application form is for requests for access to CCWS data. Applicants must complete this entire application form before access to data will be approved. Research projects will be verified, among other things, for the qualifications of the applicant to carry out the proposed research; whether the research project includes a scientifically and ethically appropriate research plan; proof of local ethics review; the adequateness of the Applicants' and their host institutions' processes regarding privacy and confidentiality and the availability of resources to effectively complete the study (costs of data file preparation by CCWS).

Upon approval of an access request by the applicants, access to data will be granted for a one year period (starting from the date of approval) unless otherwise agreed to in the *Data Agreement*. A *Data Renewal Application Form* must be completed to access/use data beyond that one-year period. The names, institutions and lay summaries of the scientific abstracts of all applicants having been granted access to CCWS Data will be added to its publicly accessible access registry.

### Section I: Research Personnel

#### 1. Applicants:

Principal Applicant	Name:	
	Institution:	
	Position:	
	Email:	
	Telephone:	
	Address:	

Co-Applicants	Name:	
	Institution:	
	Email:	
	Name:	
	Institution:	
	Email:	

Please submit additional pages if there are more than two co-applicants.

While only one *Data Access Application Form* is required, any authorized personnel with access to CCWS Data that is affiliated with an institution other than that of the Principal Applicant is required to provide information on their Authorized Institutional Representatives, and have them sign a separate *Data Access Agreement*.



**Authorized Institutional Representative:**

Please provide a valid institutional e-mail address and a full postal address of the host institution.

Name:	
Institution:	
Position:	
Email:	
Telephone:	
Address:	

Please submit additional pages if Data will be accessed at more than one Approved Institution.

Is the data being requested for a student thesis or project? Yes  No

**2. Research Team:**

Excluding those investigators listed above, please provide the names of all investigators, collaborators, students and research staff that will have access to the data in order to work on the research project. A valid institutional email address for each name along with their job title/function is also required.

Name	Affiliation	Position	Email

Section II: Research Project

**3. Project Title:**

Please make the title unique and specific to your project. Avoid titles such as "Secondary data analysis."

--



**4. Research Project (Scientific Abstract):**

Please provide a clear scientific description of the research project and its specific hypotheses in no more than 500 words.

**5. Lay Summary of Project:**

Please provide a short description of the project for the general public in no more than 250 words. Scientific jargon and acronyms should be avoided as much as possible. This description will be made available on the CCWS website.

**6. Anticipated Outcomes:**

List all anticipated outcome(s) of project (e.g., academic publication, internal/organizational report, discovery research)

## 7. Ethics Approval:

Has this study been approved by a research ethics board or a comparable decisional committee that has been formally designated to approve and/or monitor research involving humans with the aim of protecting the rights and welfare of the research participants? Yes  No

If yes, please append a copy of the approval.

Additionally, please provide the following supporting documents specifically related to this access application:

- Research Ethics Board (REB) approved research protocol
- Decision letter from a Research Ethics Board (REB) or comparable decisional committee (English or French; an institutional approval number should also be provided if available)

If no, please specify why and describe arrangements for ensuring security of data.

The Data Access Committee are not responsible for the ethics approval/monitoring of individual research projects and bear no responsibility for the Applicant's failure to comply with local/national ethical requirements.

## 8. Funding

Has the project been or will it be peer reviewed? Yes  No

If yes, by what organization?

In some cases, significant CCWS data analyst time may be needed to prepare the requested data file that ensures anonymity of institutions and individuals. An estimate of cost will be provided to applicants.

Do you have funding for paying costs associated with CCWS data preparation? Yes  No

## 9. Proposed Method and Analysis

This application form is for requests for access to CCWS data. Applicants must complete this entire application form before access to data will be approved. Research projects will be verified, among other things, for the qualifications of the applicant to carry out the proposed research; whether the research project includes a scientifically and ethically appropriate research plan; proof of local ethics review; the adequateness of the Applicants' and their host

institutions' processes regarding privacy and confidentiality and the availability of resources to effectively complete the study (costs of data file preparation by CCWS).

Upon approval of an access request by the applicants, access to data will be granted for a one-year period (starting from the date of approval) unless otherwise agreed to in the *Data Agreement*. A *Data Renewal Application Form* must be completed to access/use data beyond that one-year period. The names, institutions and lay summaries of the scientific abstracts of all applicants having been granted access to CCWS Data will be added to its publicly accessible access registry.

a. Which data are you requesting?

- STUDENT Individual-level Data (each participant is one row in a dataset so that you can do your own analyses)
- EMPLOYEE Individual-level Data (each participant is one row in a dataset so that you can do your own analyses)

b. **CCWS Student Survey**

Select the set of variables that specifically support the research project that you have identified in Section II.

**Institution-level variables** (*note: only provided if at least 3 institutions meet the criteria requested. E.g., if there are 2 junior colleges that category would be obscured*)

- Rural or urban campus (available from winter 2022 onwards)
- Institution type (university, technical and vocational, junior college, private institution, miscellaneous; available from Winter 2022 onwards)
- Institution size ( $\leq 1000$ , 1001-5000, 5001-10000, 10001-20000, 20001-40000,  $\geq 40001$  students)
- Language survey was completed in (English, French)
- Province institution is located in
- [U15 membership](#)
- Sample type (Random, census (all students invited), other; available from Winter 2022 onwards)
- Deployment (select all that apply). *Please note that fall deployments are only available upon request so are typically much smaller than winter deployments.*
  - Fall 2019
  - Fall 2022
  - Spring 2020
  - Winter 2023
  - Fall 2020
  - Fall 2023
  - Winter 2021
  - Winter 2024
  - Fall 2021
  - Fall 2024
  - Winter 2022
  - Winter 2025

**Mental Health Assets**

- Warwick-Edinburgh Mental Well-being Scale

- Resilience (control and self-efficacy coping)
- General physical health (single item)
- General mental health (single item)
- Five-item Social Provisions measure

#### **Campus Climate and Student Experience**

- School climate (safety, teaching & learning, interpersonal relationships, and institutional environment)
- Feelings of safety on campus during the day and at night

#### **Academic Achievement/Experience**

- Institutional learning environment

#### **Mental Health Deficits**

- Sources of perceived stress and extent of impact on academic performance
- Kessler Psychological Distress Scale (K10)
- Suicidal ideation and planning
- 3-item loneliness

#### **Mental Health Service Utilization and Help-Seeking**

- Knowledge of mental health services available on/off-campus
- Comfort seeking mental health support online
- Knowledge of physical health services on- and off-campus
- Perceptions of support systems on campus
- Student use of campus health services for primary care
- Awareness of mental health outreach efforts on campus
- Primary care through campus health services
- Who would speak to if experiencing serious emotional distress
- Willingness and comfort seeking out professional help

#### **Alcohol**

- Binge drinking
- Daily drink consumption in past week

#### **Tobacco use**

- Tobacco-use (cigarette smoking; vaping with nicotine, cannabis and, flavour without nicotine)

#### **Cannabis**

- Lifetime and previous year cannabis use
- Frequency of Cannabis use

**Other drugs**

- Use of opioids
- Use of stimulants

 **6-item Food Security****Sleep**

- Time to sleep and wake up on weekdays and weekends
- Quality of sleep rating

**Physical activity**

- Time spent in vigorous and moderate physical activities
- Participation in organized athletics (varsity, club/community sports/intramurals/none) over last year
- Frequency of muscle-strengthening activities

**Sedentary behaviour/screen time**

- Time (hours, minutes) spent using screens (watching TV, using computers during leisure), in sedentary transportation, and total sitting time during a typical weekday

**Sexual health**

- Safe sex practice questions (ever and contraceptive use)
- Sexual satisfaction

**Optional modules (if available)**

- 18-item food security measure
- Eco-anxiety (available fall 2023 onwards)

**Demographics**

SELF-REPORT VARIABLES	COHORT FILE VARIABLES
<input type="checkbox"/> Age <input type="checkbox"/> Ethnicity (including Canadian Indigenous group) <input type="checkbox"/> Born in Canada (student and parents) <input type="checkbox"/> Residence (housing) <input type="checkbox"/> Commute (how and length) <input type="checkbox"/> Cumulative grade <input type="checkbox"/> Co-op placement, practicum, residency, study abroad in the last month <input type="checkbox"/> Work hours <input type="checkbox"/> Financial stress <input type="checkbox"/> Gender <input type="checkbox"/> Trans experience <input type="checkbox"/> Sexual orientation <input type="checkbox"/> Relationship Status <input type="checkbox"/> Disabilities <input type="checkbox"/> Parent/guardian education	<input type="checkbox"/> Subject of Studies (CIP code) <input type="checkbox"/> Domestic/International <input type="checkbox"/> Indigeneity (if available) <input type="checkbox"/> Credential Type <input type="checkbox"/> Program start date <input type="checkbox"/> Graduate – program type (if applicable) <input type="checkbox"/> New to institution? <input type="checkbox"/> Year standing (if available) <input type="checkbox"/> Cumulative GPA (if available) <input type="checkbox"/> Full-time/Part-time status

**c. CCWS Employee Survey**

Select the set of variables that specifically support the research project that you have identified in Section II.

**Institution-level variables** (note: only provided if at least 3 institutions meet the criteria requested. E.g., if there are 2 junior colleges that category would be obscured)

- Rural or urban campus
- Institution type (university, technical and vocational, junior college, private institution, miscellaneous)
- Institution size ( $\leq 1000$ , 1001-5000, 5001-10000, 10001-20000, 20001-40000,  $\geq 40001$  students)
- Language survey was completed in (English, French)
- Province institution is located in
- [U15 membership](#)
- Sample type (Random, census (all students invited), other)
- Deployment (select all that apply). Please note that fall deployments are only available upon request so are typically much smaller than winter deployments.
  - Winter 2021                       Fall 2023                       Fall 2024
  - Winter 2023                       Winter 2024                       Winter 2025



**Mental Health Assets**

- Warwick-Edinburgh Mental Well-being Scale
- Resilience (control and self-efficacy coping)
- General physical health (single item)
- General mental health (single item)
- Five-item Social Provisions measure

**Workplace Experience**

- Workplace climate (safety, interpersonal relationships, and institutional environment)
- Feelings of safety on campus during the day and at night

**Mental Health Deficits**

- Sources of perceived stress
- Kessler Psychological Distress Scale (K10)
- 3-item Loneliness

**Health Service Utilization and Help-Seeking**

- Knowledge of mental health services available through employer/not offered through employer
- Knowledge of physical health services available through employer/not offered through employer
- Perceptions of support systems on campus
- Perceptions of mental health services/benefits provided by employer
- Awareness of mental health outreach efforts at workplace
- Who would speak to if experiencing serious emotional distress
- Willingness and comfort seeking out professional help

**Sleep**

- Time to sleep and wake up on weekdays and weekends
- Quality of sleep rating

**Physical activity**

- Time spent in vigorous and moderate physical activities
- Participation in organized athletics (varsity, club/community sports/intramurals/none) over last year
- Frequency of muscle-strengthening activities

**Sedentary behaviour/screen time**

- Time (hours, minutes) spent using screens (watching TV, using computers during leisure), in sedentary transportation, and total sitting time

**Food Security**

- 18-item Food Security

**Option modules (pending availability)**

- Suicidal ideation and planning
- Eco-anxiety

**Substance Use**

- Binge drinking
- Number of drinks per day in the past week
- Tobacco-use (cigarette smoking and vaping)
- Lifetime and previous year cannabis use

**Demographics**

SELF-REPORT VARIABLES	
<ul style="list-style-type: none"> <li><input type="checkbox"/> Age</li> <li><input type="checkbox"/> Indigeneity</li> <li><input type="checkbox"/> Racialized/visible minority</li> <li><input type="checkbox"/> Ancestry</li> <li><input type="checkbox"/> Born in Canada (participant and parents)</li> <li><input type="checkbox"/> Residence (housing)</li> <li><input type="checkbox"/> Commute (how and length)</li> <li><input type="checkbox"/> Work/life balance</li> <li><input type="checkbox"/> Financial stress</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Gender identity</li> <li><input type="checkbox"/> Trans experience</li> <li><input type="checkbox"/> Sexual orientation</li> <li><input type="checkbox"/> Relationship status</li> <li><input type="checkbox"/> Child/elder care responsibilities</li> <li><input type="checkbox"/> Disabilities</li> <li><input type="checkbox"/> Highest level of education obtained</li> <li><input type="checkbox"/> Faculty/staff/post-doctoral fellow</li> <li><input type="checkbox"/> Work arrangement (full-time onsite, a combination of onsite and remote, full-time remote)</li> <li><input type="checkbox"/> Time at institution</li> <li><input type="checkbox"/> Full/part time</li> <li><input type="checkbox"/> Ongoing position</li> <li><input type="checkbox"/> Managing faculty or staff</li> </ul>

d. Please describe the design and methodology of the proposed project, including the primary outcome measures and the methods that will be used to analyze the study data. This section should include justification for the sample size requested.

### 10. Proposed Timelines:

Briefly outline the proposed timelines required to complete the project, including the projected start date and the number of months required to complete the project.

## Section III: Data Security

### 11. Information Technology (IT) Security Assessment

To avoid any privacy breaches, you must follow reasonable IT security practices and procedures. You must not disclose any CCWS Data to third parties who have not agreed to the CCWS privacy requirements. You must ensure that this is also the case for research staff and any external collaborators mentioned in Section I. To be eligible for access, all boxes from A to F must be checked.

- A.  My institution has an IT security policy.
  
- B.  I will store CCWS Data in secure physical computer systems. If CCWS Data are stored on portable computers (whether laptops or other mobile devices), they must be encrypted to avoid any unauthorized disclosure in case the portable system is lost or stolen.
  
- C.  I will implement appropriate access security to ensure that only the authorized individuals mentioned in Section I of this *Data Access Application Form* be allowed to access the CCWS Data. This requires, for example, that if CCWS Data are stored on a shared computer system or on a file server, that it be password or encryption protected. If CCWS Data are stored on a network-accessible computer, there should be measures in place to prevent access by computer hackers or contamination by viruses and spyware. Moreover, if the computer(s) that hold CCWS Data are backed up, the backed up media must also be encrypted and stored in a secure location.

- D.  I understand that anyone (mentioned in Section I of *this Data Access Application Form*) who will use CCWS Data should be trained in the responsible use of CCWS Data and be familiar with the terms and conditions of the *Data Access Policy*, this *Data Access Application Form*, and the *Data Access Agreement*. I am responsible for ensuring research staff comply with these terms and conditions.
- E.  I understand that upon completion of my research project, I must destroy all local copies, including backups, of the CCWS Data by the date specified in the *Data Access Agreement*. I must also send a copy of my analysis code to CCWS in case of potential needs to reproduce my variables or findings at a later date.

## 12. Publication

I agree to recognize the contribution of CCWS, including a proper acknowledgement in all reports, presentations and publications resulting from your use of the CCWS Data. One of the following statements shall be included, depending on the type of data you accessed:

Student data:

*“The data used for this research were made available by the Canadian Campus Wellbeing Survey (CCWS) with support from The Rossy Foundation. We thank the students and institutions that participated in the CCWS.”*

Employee data:

*“The data used for this research were made available by the Canadian Campus Wellbeing Survey (CCWS) with support from The Rossy Foundation. We thank the employees and institutions that participated in the CCWS.”*

Both student and employee data:

*“The data used for this research were made available by the Canadian Campus Wellbeing Survey (CCWS) with support from The Rossy Foundation. We thank the students, employees, and institutions that participated in the CCWS.”*

**SIGNATURE**

**Principal Applicant:**

Name	
Position	
Signature	
Date	

**Authorized Institutional Representative of the host institution:**

Name	
Position	
Signature	
Date	

**Checklist of Required Documents**

Please attach the following required CCWS access documentation before submitting your application.

- Research Ethics Board (REB) approved research protocol
- Decision letter from a Research Ethics Board (REB) or comparable decisional committee (English or French; an institutional approval number should also be provided, if available)
- Proof of scientific peer-review, if available
- 2-Page CV of Principal Applicant

Please e-mail a PDF of the signed *Data Access Application Form* to [survey@ccws-becc.ca](mailto:survey@ccws-becc.ca)