

PEER REVIEW FORM FOR ACADEMIC PROJECTS

In order to maintain the trust of Canadians with the use of their personal information and to ensure that all academic research conducted in the Research Data Centres is of scientific merit, a peer review process is required. One aspect is the peer review process that applies to university faculty and students who are not pre-approved and/or do not have funding from an adjudicated funding process.

Principal Investigators for whom this process applies are required to provide confirmation of the scientific merit of their proposed research by having an assessor complete section B of the form below.

Completion of this form by an assessor is a prerequisite for gaining access to a Research Data Centre (RDC).

WHO CAN BE AN ASSESSOR?

- A person who holds the rank of tenured Associate Professor or Full Professor at an accredited Canadian university (this would **exclude** faculty working in teaching only positions).

INSTRUCTIONS

1. Identify an assessor knowledgeable in your area of research willing to review your proposal. It is the responsibility of the applicant and the assessor to avoid conflict of interest as defined and described in the *Conflict of Interest and Confidentiality Agreement for Review Committee Members, External Reviewers, and Observers* at http://www.science.gc.ca/eic/site/063.nsf/eng/h_72D51F12.html.
2. Complete Part A of the form and ask the assessor to complete Part B (including the signature).
3. Submit completed forms to the Microdata Access Portal (MAP) (Specifications: one file only with a limit of 32 MB; and acceptable formats are: txt, rtf, pdf, doc and docx).
It will expedite your application if you can find your own assessor. However, if you cannot please contact info@crdnc.com for assistance.

For any questions on this form or on this process, please send an email (including your MAP ID) to: statcan.mad-hoou-dam-ssobc.statcan@canada.ca

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PART A – TO BE COMPLETED BY THE APPLICANT (PRINCIPAL INVESTIGATOR)

MAP ID: _____

Applicant first name, last name: _____

Proposal title: _____

PART B – TO BE COMPLETED BY THE ASSESSOR

Assessor first name, last name: _____

Contact information (phone or email): _____

Position and title: _____

Institution: _____

Subject matter expertise: _____

In your assessment, please consider the following criteria:

- The project's objectives are clearly defined;
- The proposed statistical and analytical methods are suitable for this project;
- This project will contribute to the advancement of knowledge;
- The applicant and team members have experience, qualifications and expertise to complete the proposed project.

I have reviewed the research proposal and it is my opinion that the research project has academic merit and that the applicant and team members have the appropriate education and research background to complete it successfully.

Signature: _____ Date: _____

Comments (Optional):

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