

## Routing Slip of Registration/Application

Complete and forward this sheet with the original copy of your registration/application to ensure that it is forwarded directly to the appropriate CIHR departments and staff. This sheet should not be included in the copies.

This routing slip is for CIHR's administrative use only.

<b>Nominated Principal Applicant/Candidate</b>	
<b>Personal Identification Number (PIN)</b>	
<b>Application Number</b>	
<b>Competition Date</b>	
<b>Project Title</b>	
<b>Name of Research Funding Program (see page one of the Research Module)</b>	
<b>Name of Salary Support (see page one of the Research Module)</b>	
<b>Name of Strategic Initiative/RFA</b>	
<b>Name of Industrial Partner(s)</b>	
<b>Name of Partnership Program</b>	
<b>Name of Special Programs</b>	
<b>CIHR's Priority Announcements</b>	
<b>Title of Priority Announcement:</b>	<b>Relevant Research Area:</b>
<b>Title of Priority Announcement:</b>	<b>Relevant Research Area:</b>
<b>Title of Priority Announcement:</b>	<b>Relevant Research Area:</b>
<b>1<sup>st</sup> Suggested Peer Review Committee</b>	
<b>2<sup>nd</sup> Suggested Peer Review Committee</b>	

**APPLICANT CONSENT FORM FOR USE AND DISCLOSURE OF  
PERSONAL INFORMATION PROVIDED TO CIHR FOR PEER REVIEW**

**IMPORTANT: One original signed copy of the Applicant Consent Form is required at both the registration and application stages.**

The Access to Information Act (ATI) gives Canadian citizens and Permanent Residents of Canada a limited right of access to information in federal government records. The Privacy Act gives Canadian citizens and permanent residents of Canada access to information about themselves and specifies the uses to which personal information can be put. The Privacy Act sets out the rules and conditions governing the collection, retention and disposal of personal information. It also provides a use and disclosure code for the protection of this information. This code stipulates the criteria under which information can be disclosed, including for what purposes and to whom it may be disclosed. All information collected by CIHR is subject to these laws.

CIHR seeks your certification that you have been informed that all the information supplied in the application will be made available to CIHR personnel responsible for managing the peer review process to review applications, to administer and monitor grants and awards, to compile statistics and to promote health research in Canada.

Information supplied in the application **except the pages labelled “for Administrative use only”** will be made available to Peer Review Committees composed of experts recruited from the academic, public and private sectors. Applications may also be transmitted to external reviewers.

**CONSENT**

(1) **OBSERVERS:** Information supplied in the application **except the pages labelled “for Administrative use only”** will be made available, with your consent to:

Observers of peer review committees. Observers requiring consent (not including CIHR staff responsible for the administration and evaluation of funding programs and members of the Standing Committee responsible for overseeing the peer review process) are:

- a) Funding Partner and / or Potential Funding Partner representatives who have no funding decision authority;
- b) Institute Staff who are not in conflict of interest and who have no funding decision authority.

I do  do not  consent to the sharing of the information specified above in section (1) with the observers described.

(2) **RELEVANCE REVIEW:** For use in determining an application’s relevance in accordance with the Institute’s / Partner’s / Branch’s mandate, or the application’s relevance to the research areas as identified within a priority announcement, the **Project Title, Project Summary and / or Relevance Form** already available to CIHR staff responsible for the administration of funding programs may also be provided to:

- Institute Staff managing research envelopes and Institute Advisory Board Members;
- Funding Partners and / or Potential Funding Partners;
- CIHR Senior Managers who manage research envelopes and sponsor Strategic Initiatives.

(3) **FUNDING DECISIONS:** For use in making funding decisions after Peer Review, the **Rating, Rank, Committee Recommendations on Budget and Term** will be made available, upon your consent to:

- Institute Staff and Institute Advisory Board Members;
- Funding Partners and /or Potential Funding Partners;
- CIHR Senior Managers who manage research envelopes and sponsor Strategic Initiatives.

I do  do not  consent to the sharing of the information specified above in sections (2) and (3) with the groups described.

**I, the undersigned, do hereby give CONSENT to the use and disclosure of the information contained in my application for the purposes as herein described. This consent extends only to those specific areas where I have indicated this consent. I also understand that I may withdraw my consent at any time and that it will become effective upon its receipt by CIHR.**

Name	Signature	Date
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- 1) **Keep a copy for yourself**
- 2) **Send the original, signed form with your application**



Application Number

**RESEARCH MODULE**

Research funding program(s)	CIHR	Rx&D	SME	Salary Support	CIHR	Rx&D	SME		
Operating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	New Investigator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Randomized Controlled Trials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Investigator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Research Resource Grant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Senior Investigator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Team Grant*	<input type="checkbox"/>			Senior Research Fellowship (Phase 2)	<input type="checkbox"/>				
Emerging Team Grant*	<input type="checkbox"/>			Clinician Scientist (Phase 2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> New	<input type="checkbox"/> Renewal
New <input type="checkbox"/> Renewal <input type="checkbox"/>				Research Chair		<input type="checkbox"/>	<input type="checkbox"/>		

Funding Reference Number (FRN):

\* A letter of intent to CIHR must precede submission to these programs.

Competition Date:  Proposed Start Date (MM/YYYY) | (Salary Programs Only)

**Nominated Principal Applicant / Candidate**

Surname  Given Names

Project Title:

Primary location where research will be conducted  Department  Faculty

Is this a multi-center study?  Yes  No

Institution which will administer project funds (Institution Paid)

**CERTIFICATION REQUIREMENTS**

If this research will involve any of the following, check the box(es). If the grant is awarded, the necessary certification requirements must be met in accordance with policies on ethical conduct of research.

Human subjects  Human stem cells  Animals  Biohazards  Environmental assessment

A requirement for containment  Level  1  2  3  4

Does this application include a Randomized, Controlled Trial?  Yes  No

Period of support requested: (For Grants only)  Years  Months

Language in which proposal is written  English  French

**Amount Requested from CIHR in First Full Year (For Grants only)**

Operating  Equipment  Total requested

It is agreed that the general conditions governing Grants and Awards, as well as the statement "Meaning of Signatures on Application Forms" as outlined in the Canadian Institutes of Health Research Guides apply to any grant or award made pursuant to this application and are hereby accepted by the applicant(s) and the applicant(s)' employing Institution(s).

The nominating institution recommends this candidate for the salary support award and undertakes (1) to provide adequate accommodation and research facilities, (2) to provide the candidate with an appointment which allows him/her the time to pursue the proposed research (a faculty appointment for those working in a University or affiliated Institution) and freedom to publish the results of the research in the public domain.

Signature of President or Principal of Institution	Signature of Head of Department	Signature of Dean of Faculty or Director of Institution
Print Name: <input type="text"/>	Print Name: <input type="text"/>	Print Name: <input type="text"/>
Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>

Name of Nominated Principal Applicant/ Candidate and Primary location of Research	Total Grant Amount Requested from CIHR (1 <sup>st</sup> year)
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**Signatures**

List all applicants in the following order: Nominated Principal Applicant / Candidate, Principal Applicants and Co-Applicants. Print additional pages if necessary.

It is agreed that the general conditions governing Grants and Awards, as well as the statement "Meaning of Signatures on Application Forms" as outlined in the Canadian Institutes of Health Research Guides apply to any grant or award made pursuant to this application and are hereby accepted by the applicant(s).

Name	Given Names	Role	Signature
Institution	Department	Faculty	Date
Name	Given Names	Role	Signature
Institution	Department	Faculty	Date
Name	Given Names	Role	Signature
Institution	Department	Faculty	Date
Name	Given Names	Role	Signature
Institution	Department	Faculty	Date
Name	Given Names	Role	Signature
Institution	Department	Faculty	Date
Name	Given Names	Role	Signature
Institution	Department	Faculty	Date
Name	Given Names	Role	Signature
Institution	Department	Faculty	Date

**APPLICANTS' ORGANIZATIONS AND/OR SUPPORTING ORGANIZATIONS (if organization different from Page 1)**

An authorized official from each institution other than the Institution Paid must sign this page. Additional Signature Pages will be accepted.

It is agreed that the general conditions governing grants and awards in the Grants and Awards Guides, as well as the statement "Meaning of Signatures on Application Forms?" apply to any grant or award made pursuant to this application and are hereby accepted by the organization.

Family name and given name of signing officer, title of position, and name of organization	Signature



Canadian Institutes  
of Health Research

Instituts de recherche  
en santé du Canada

**ACKNOWLEDGEMENT TO THE INDUSTRIAL PARTNER (if applicable)**

This will acknowledge receipt of the application of

Acknowledgement to be sent to the company contact person (Give name and mailing address)

Program Applied to:

Canadian Institutes of Health Research



Canadian Institutes  
of Health Research

Instituts de recherche  
en santé du Canada

**ACKNOWLEDGEMENT TO THE NOMINATED PRINCIPAL APPLICANT OR CANDIDATE**

This will acknowledge receipt of your application.

Acknowledgement to be sent to:  
(Give name and mailing address)

Program Applied to:

Total amount requested (1st year - Grants only):

Canadian Institutes of Health Research

Please note: You are required to inform CIHR of any applications submitted, or funds received, to support this research during the review period of this application.

Name of Nominated Principal Applicant / Candidate and Primary location of Research	Total Grant Amount Requested from CIHR (1 <sup>st</sup> year)
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Telephone No.	Fax No.	E-mail address
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Location where research will be conducted

Lay title of research (two lines only)

Principal Applicant(s) and Co-Applicants

**Abstract (suitable for preparation of a press release)**

Sample

Name of Nominated Principal Applicant / Candidate and Primary location of Research	Total Grant Amount Requested from CIHR (1 <sup>st</sup> year)
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**Information Page to be completed by Nominated Principal Applicant / Candidate: FOR ADMINISTRATIVE USE ONLY**

**Suggested Peer Review Committees: (not applicable for Industry-Partnered or Group core applications)**

- 1.
- 2.

<b>Suggested External Referee(s) (All Grants and Awards)</b> Names / Addresses / Telephone No's. / E-mails	<b>Areas of Expertise</b>
1.	
2.	
3.	
4.	
5.	
6.	

**Nominations for Future CIHR Committee Member(s) (All Grants and Awards)**

Give name and Institution of a scientist in your field you would like to see on a future CIHR committee. Include his / her areas of expertise and proposed committee.

Name	Institution	Proposed Committee	Areas of Expertise
1.			
2.			
3.			

Name of Nominated Principal Applicant / Candidate and Primary location of Research	Total Grant Amount Requested from CIHR (1 <sup>st</sup> year)
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**Information Page to be completed by Nominated Principal Applicant / Candidate: FOR ADMINISTRATIVE USE ONLY**

If necessary, indicate those reviewers to whom you would prefer that the application NOT be sent. (Provide addresses)

**Descriptors:**

Provide keywords to describe the research project, the techniques and the methodologies to be employed, and the diseases or conditions the research addresses. No additional pages may be added.

**List Collaborators. (For purposes of avoiding conflict of interest during reviewer assignment)**

Surname	Given Name	Institution
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

**Degrees / Appointment (Salary Support Programs Only):**

Degrees Held:      PhD                       MD                       MD/PhD                       Other (specify) \_\_\_\_\_

As of this competition deadline, for how long will the Principal Applicant / Candidate have held an appointment as an independent investigator?

- Less than 24 months                       24 months, but less than 60   
 60 months, but less than 10 years                       10 years or more



Name of Nominated Principal Applicant / Candidate and Primary location of Research	Total Grant Amount Requested from CIHR (1 <sup>st</sup> year)
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**Information Page to be completed by Nominated Principal Applicant/ Candidate: FOR ADMINISTRATIVE USE ONLY**

The information on this page will not be used in the evaluation of the application.

- Strategic Initiative/RFA \_\_\_\_\_
- Industrial Partner(s) \_\_\_\_\_
- Partnership Program \_\_\_\_\_
- Special Program \_\_\_\_\_

**Priority Announcements**

Priority Announcements are listed on the CIHR web site in June and December each year together with CIHR's other current funding opportunities. **Before proceeding**, consult the "How to Apply" section(s) of the Priority Announcement(s) through which you are requesting funding, and determine if the completion of the Relevance Form is required. **If completion of the Relevance Form is not required, do not select the checkbox or complete the text boxes below.**

When completion of the Relevance Form is required, enter the relevant research area(s) and corresponding Priority Announcement titles below. Up to three relevant research areas may be entered per application to a regular competition.

- Priority Announcement

Title of Priority Announcement:

Relevant Research Area  
(Listed in the "Relevant Research Areas" section of the Priority Announcements):

1.	
2.	
3.	

**Is this application a resubmission of a previously**

unsuccessful new application Yes  No

unsuccessful renewal application Yes  No

Was a Terminal Grant Awarded?

Yes  No  FRN: \_\_\_\_\_

If you are attempting to rejoin an ongoing group, provide name of Director: \_\_\_\_\_

**Areas of Research and Classification Codes**

Areas of Research	Primary:
	Secondary:
Classification Codes	Primary:
	Secondary:

**Suggested CIHR Institute(s)**

Select a primary CIHR Institute whose research mandate is related to this application's research area(s) and objective(s). A second, third and fourth CIHR Institute should be indicated only if the substance of this grant application significantly overlaps with the research mandate of additional Institute(s).

Primary Choice:	Third Choice:
Second Choice:	Fourth Choice:

**Themes**

Indicate a primary theme classification. Indicate a second, third and fourth theme classification only where the substance of this grant / award application significantly overlaps more than one theme.

- Biomedical Research
- Clinical Research
- Research respecting health systems and health services
- Research on societal, cultural and environmental influences on health and the health of populations

### How to prepare and format all attachments:

Attached documents may be prepared in the word processing software package of your choice, printed and included with the application form. Please follow these guidelines for formatting each page of an attachment. Failure to follow these guidelines may result in the administrative withdrawal of your application.

- At the top of each page, indicate your name, the project title, the amount requested in year 1 and the section title (e.g. Summary of Research Proposal).
- At the bottom of each page clearly indicate the page number (e.g., 9, 10, 11a, 11b etc).
- Type on one side of the paper only.
- A minimum margin of 2 cm (3/4 inch) around the page is mandatory.
- Observe page limitations, additional pages may NOT be added unless specified.
- Use only letter size (21.25 X 27.5 cm / 8.5" X 11") white paper for all attachments.
- Supporting documents should be photo reduced if the originals are larger than (21.25 X 27.5 cm / 8.5" X 11").
- No supplementary audio or video material will be accepted.
- A font size of 12 point, black ink. Six lines per inch. No condensed type or spacing.
- Photocopies must be single-sided.

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### Summary of research proposal - Attach one page numbered Page 9

New Investigator, Clinician Scientist candidates and grant applicants should summarize the objective(s), hypothesis and research plan. New Investigator and Clinician Scientist candidates should provide a clear concise description of their research proposal. A maximum of one page may be used. Investigator and Senior Investigator candidates should summarize their 5 year plan.

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### Summary of progress - Attach one page numbered Page 10 (not required for registration)

Do not include references, tables, charts, figures or photographs. For renewal applicants, summarize progress under the current grant and, if applicable, identify the term of your current MRC/CIHR grant. New applicants are encouraged to summarize previous work relevant to this application. New Investigator, Senior Research Fellowship and Clinician Scientist candidates should describe the research undertaken as a trainee, and, if applicable, as an independent investigator. In addition, these candidates should address their research relationship with previous supervisor(s). For Investigator and Senior Investigator and Industry-partnered Research Chair candidates, describe the research you have been engaged in over the last five years and the results obtained.

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### Response to previous reviews - Attach up to two pages numbered Page 11a and 11b (not required for registration)

If applicable, applicants may respond to previous reviewers comments if this is a resubmission of an unsuccessful application. The response should stand alone, and should not require reference to any other document because the reviewers do not have access to previous application information.

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### Research proposal numbered Page 12a, 12b, 12c etc (not required for registration)

#### General Instructions for Grant and Salary Program Applicants

The research proposal should be clear and concise. Page limits do not include references, tables, charts, figures and photographs. Legends should be succinct. Detailed descriptions of methods and discussion of results should be included in the body of the proposal. They should not be in the legends nor included as an appendix. Questionnaires and consent forms may be attached as appendices, where applicable.

In the research proposal applicants must explain:

- a. What they want to do (central hypothesis, research question, specific objectives)
- b. Why this is a reasonable thing to do (review of previous work done on the subject matter, rationale)
- c. Why this is important (new knowledge to be obtained, improvements to health which will result)
- d. How they are going to do it (work plan, timelines, analysis and interpretation of results, pitfalls, ways around the pitfalls, alternatives)
- e. Why **they** should do it (relevant prior experience and skills, collaborators for technical gaps, preliminary data showing feasibility)

#### Instructions for specific funding opportunities

**1. Grant Programs** - Provide a clear, concise description of your research proposal. A maximum of 11 pages may be attached in the case of one or two applicants. A maximum of 13 pages may be attached if there are three or more applicants. Apply for equipment/maintenance funds using the Operating Budget Module within the Operating Grants application, if applicable.

**2. CIHR Randomized Controlled Trials Program** - The page limit is 13 regardless of the number of applicants.

**3. Clinician Scientist (Phase 2), and the Clinician Scientist (Phase 2) – Industry partnered programs** - Provide a clear concise description of your research proposal. A maximum of 11 pages may be used.

**4. New Investigator program** - Provide a clear concise description of your research proposal. If you will not be holding peer reviewed operating funds as of the first potential start date of the award (and six months beyond), the New Investigator application must be submitted simultaneously with an operating grant application, and the same research proposal must be included in both applications. If you will be holding peer reviewed operating funds as a Principal Investigator, a description of any ongoing (one only), funded project may be included as the research proposal in the New Investigator application. A maximum of 11 pages may be attached in the case where the funded project had one or two applicants or 13 pages in the case of three or more applicants. Signatures of any co-applicants must also be included on page 2 of the New Investigator submission.

**5. Investigator and Research Chair Programs - Industry Partnered** Describe your program of research for the next five years. A maximum of six pages may be attached.

**6. New Investigator Program of Research - attach up to one page, numbered Page 13 (for New Investigator applicants only - not required for registration)** - Attach a clear, concise description of how the project described in the Research Proposal section of the application fits within the applicant's planned program of research for the next five (5) years.

## Randomized Controlled Trials (RCT) Registration/Application Checklist

Complete and forward this sheet with your registration/application.

**NOTE:** Both registration and the complete application packages must be assembled in the order listed.

**Registration:** The original registration package and two (2) copies should be assembled and submitted to the address indicated below. Confirmation of registration will include an application number and will be sent to each applicant approximately 2 weeks after receipt of the registration.

**Complete Applications** - The original application and 8 copies should be assembled and submitted to the address indicated below.

Name of Nominated Principal Applicant \_\_\_\_\_ Date \_\_\_\_\_

A: Contents required for RCT Registration Package	B: Contents required for complete Application Package (RCT applications have specific requirements, please refer to their Guidelines for Completion)
<p><b>Research Module:</b></p> <p><input type="checkbox"/> Routing Slip Mandatory</p> <p><input type="checkbox"/> Applicant Consent Form Completion and signature required.</p> <p><input type="checkbox"/> Page 1 No signatures required.</p> <p><input type="checkbox"/> Page 2 Signatures Page: Nominated Principal Applicant signature and names only of the Principal Applicants and Co-Applicants.</p> <p><input type="checkbox"/> Page 3 Acknowledgement Page.</p> <p><input type="checkbox"/> Page 5 Suggested External Referee(s).</p> <p><input type="checkbox"/> Page 6 Descriptors and List of Collaborators.</p> <p><input type="checkbox"/> Page 7 Information Page.</p> <p><input type="checkbox"/> Page 9 Summary of research proposal. <b>(Attachment)</b></p> <p><b>CV Module:</b></p> <p><input type="checkbox"/> Page 1 Cover page: For the Nominated Principal Applicant, and each Principal Applicant and Co-Applicant. Only the Nominated Principal Applicant's signature is required.</p> <p><input type="checkbox"/> Page 2 Expertise: For the Nominated Principal Applicant, and each Principal Applicant and Co-Applicant.</p>	<p><b>Research Module:</b></p> <p><input type="checkbox"/> Routing Slip Mandatory for all programs.</p> <p><input type="checkbox"/> Applicant Consent Form Completion and signature required.</p> <p><input type="checkbox"/> Page 1 All signatures required.</p> <p><input type="checkbox"/> Page 2 Signatures Page: All signatures required. An authorized official from each institution other than the Institution Paid must sign this page. Additional Signature Pages will be accepted.</p> <p><input type="checkbox"/> Page 3 Acknowledgement Page.</p> <p><input type="checkbox"/> Page 4 Abstracts</p> <p><input type="checkbox"/> Page 5 Suggested Peer Review Committees and Suggested External Referee(s).</p> <p><input type="checkbox"/> Page 6 Descriptors and List of Collaborators.</p> <p><input type="checkbox"/> Page 7 Information Page.</p> <p><input type="checkbox"/> Page 9 Summary of research proposal. <b>(Attachment)</b></p> <p><input type="checkbox"/> Page 10 Summary of progress. <b>(Attachment)</b></p> <p><input type="checkbox"/> Page 11(a,b) Response to previous reviews. <b>(Attachment)</b></p> <p><input type="checkbox"/> Page 12 (a,b,c) Research proposal. <b>(Attachment)</b></p> <p><input type="checkbox"/> Appendix 1 Attachments for Research Funding Programs Only.</p> <p><input type="checkbox"/> Appendix 2 For Salary Support Programs Only.</p> <p><input type="checkbox"/> Appendix 2A Attachments required for Salary Support Programs Only.</p> <p><input type="checkbox"/> <b>Operating Budget Module (Research Funding Programs only)</b></p> <p><input type="checkbox"/> <b>CV Module:</b> All pages of the CV are required for the Nominated Principal Applicant, Principal Applicant and Co-Applicants. Faxed signatures will be accepted from applicants and co-applicants who are not at the same institution as the Nominated Principal Applicant.</p>
<p><b>Courier address:</b></p> <p>The registration/application must be courier stamped no later than the deadline date and sent to the following address:</p> <p>Canadian Institutes of Health Research Randomized Controlled Trials Unit Room 97, 160 Elgin Street Address locator: 4809A Ottawa, Ontario K1A 0W9</p>	