

Registration Form

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

This page is for CIHR's administrative use only.



CIHR Randomized Controlled Trials Mentoring Program REGISTRATION FORM

Name of Mentee:	
University/Institute:	
Position:	
Address:	
Telephone:	
Fax:	
e-mail:	
Name of Mentor:	
University/Institute:	
Position:	



Randomized Controlled Trial Mentoring Program

For CIHR Use Only

Mentee

Proposed Start Date (MM/YYYY)

Surname

Given Name(s)

Competition Date:

Citizenship:

Canadian

Permanent Resident

Other Please specify:

Mentee's University/ Institution

Faculty / School & Department

Mentor

Surname

Given Name(s)

Mentor's University/ Institution

Faculty / School & Department

Institution which will administer the funds

Descriptors: Provide up to 10 keywords to describe this research project.

Language in which proposal is written

English French

Project Title

It is agreed that the general conditions governing Grants and Awards as well as the statements "The Meaning of Signatures on Application Forms" as outlined in the Canadian Institutes of Health Research Grants and Awards Guides apply to any grant or award made pursuant to this application and are hereby accepted by the candidates and the candidate's institution.

Signatures

Mentee

Mentor

Name:

Name:

Date:

Date:



Randomized Controlled Trial Mentoring Program



ACKNOWLEDGEMENT TO THE MENTEE

This will acknowledge receipt of your registration

Program Applied to:

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

Canadian Institutes of Health Research



ACKNOWLEDGEMENT TO THE MENTOR

This will acknowledge receipt of your registration.

Program Applied to:

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

Canadian Institutes of Health Research

Name of the Mentee and the Mentor

Summary of the mentoring plan and training environment.

This section should be completed jointly by the Mentor and the Mentee. Both the proposed mentor and mentee must sign the last page to confirm the accuracy of the proposed mentoring plan (maximum 2 pages)

Randomized Controlled Trials Mentoring Program 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.

ALSO NOTE: Please consult the How to Apply section of this RFA.

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

Name of Mentee (Principal Applicant) _____ **Date** _____

A: Contents required for Registration Package		B: Contents required for complete Application Package	
<input type="checkbox"/>	Registration Form	<input type="checkbox"/>	Nomination Form
<input type="checkbox"/>	Signatures Page: All signatures required.	<input type="checkbox"/>	Signatures Page: All signatures required.
<input type="checkbox"/>	Acknowledgement Page.	<input type="checkbox"/>	Acknowledgement Page.
<input type="checkbox"/>	Summary of the mentoring plan	<input type="checkbox"/>	Detailed mentoring plan and description of the training environment (maximum 12 pages)
<input type="checkbox"/>	Applicant consent form	<input type="checkbox"/>	Summary of the mentoring plan
CIHR CV Module:		<input type="checkbox"/>	Sponsor's letters of support for the Mentee
<input type="checkbox"/>	Page 1 Cover page: One for the Mentee and another one for the Mentor.	<input type="checkbox"/>	Sponsor's assessment forms for the Mentee
<input type="checkbox"/>	Page 2 Expertise: For the Mentee and another one for the Mentor	<input type="checkbox"/>	Copies of health professional degree and graduate research training of the Mentee
		<input type="checkbox"/>	Proof of professional licensure of the Mentee
		<input type="checkbox"/>	Copy of permanent resident document of the Mentee (if applicable)
		<input type="checkbox"/>	Letters of Support from the Mentee's University/Institute (if different from the Mentor's)
		<input type="checkbox"/>	Letter of Commitment from the Mentee
		<input type="checkbox"/>	Letters of Support from the Mentor's University/Institute
		<input type="checkbox"/>	Letter of Commitment from the Mentor
		CIHR CV Module	
		<input type="checkbox"/>	All pages of the CV module are required for the Mentee and the Mentor.

Courier address:

The registration/application must be courier stamped no later than the deadline date and sent to the following address:

Randomized Controlled Trials Mentoring Program

Randomized Controlled Trials Unit

Canadian Institutes of Health Research

Room 97, 160 Elgin Street

Address Locator: 4809A

Ottawa, ON K1A 0W9