

**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**



TRAINING MODULE

PROGRAM(S)	CIHR	Rx&D	SME	Proposed Start Date (MM/YYYY):
Master's Award	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Doctoral Research Award	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fellowship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Competition Date (DD/MM/YYYY):
Operating Fellowship		<input type="checkbox"/>	<input type="checkbox"/>	
Senior Research Fellowship (Phase 1)**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have you applied to this program in the last two years? Yes <input type="checkbox"/> No <input type="checkbox"/>
Clinician Scientist (Phase 1)** New <input type="checkbox"/> Renewal <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

** These programs require nomination by a Canadian Institution.

CANDIDATE

Surname Given Names

Citizenship: Canadian Permanent Resident Other:

1 Primary Supervisor: Surname Given Names

2 Co-Supervisor (if applicable): Surname Given Names

LOCATION WHERE RESEARCH WILL BE CONDUCTED

Institution / Organization Department

Faculty / School Institution which will administer the funds

Period of support requested: ___ Years ___ Months Language in which proposal is written: English French

Descriptors: (Provide up to 10 keywords to describe this research project)

PROJECT TITLE

It is agreed that the general conditions governing Grants and Awards as well as the statements "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 candidate and the candidate's institution.

SIGNATURES

Candidate	Primary Supervisor and Co-Supervisor (if applicable)	Head of Department at Proposed training location
Name: <input type="text"/>	Name: <input type="text"/>	Name: <input type="text"/>
Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>

Name of candidate

NOMINATIONS

If you are applying for a SENIOR RESEARCH FELLOWSHIP (PHASE 1) or a CLINICIAN SCIENTIST (PHASE 1) award you must be nominated by a Canadian institution.

SENIOR RESEARCH FELLOWSHIP (PHASE 1)

Commitment of Institution

Candidates are nominated by the Dean or equivalent of a Canadian Institution. The sponsoring institution must indicate in a letter to CIHR that the candidate has the potential for a future academic appointment.

Nominating Institution

Faculty

SIGNATURES

Dean

Candidate

Name:

Name:

Date:

Date:

CLINICIAN SCIENTIST (PHASE 1) - NEW AND RENEWAL

- a) Proposed location of the candidate within the nominating Institution at the completion of training. Position the candidate will hold at the completion of training.

Nominating Institution	Position	Faculty
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- b) **Dean of the Faculty**

In addition to authorizing this application, the Nominating University must provide a letter of support for the candidate which includes a clear-cut and definitive statement on the part of the Dean as to his / her knowledge of the candidate and describing the commitment on the part of the Faculty for a full-time appointment for the candidate upon the completion of training.

Name	Signature	Date
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- c) **Head of the Department**

The Head of the Department must submit a letter of support clearly indicating the commitment of the Department to the candidate for a full-time faculty appointment at the completion of the training and the manner in which the candidate will fit into the ongoing research effort at the Institution, or how he / she will initiate an effort to which the institution is committed.

Name	Signature	Date
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Name of candidate _____

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.	

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). Indicate a second, third and fourth CIHR Institute only if the substance of this award application significantly overlaps with the research mandate of an additional Institute.

First 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 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

INDICATE IF THE PROJECT INVOLVES:

Human Subjects Yes No

Animal Experimentation Yes No

Human Stem Cell Research Yes No

Name of candidate

DEGREE IN PROGRESS

Degree Type	Degree Name	Department	Institution	Start date (MM/YYYY)	Expected date of completion (MM/YYYY)
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Qualifications, certificates and licenses in progress	Start date (MM/YYYY)	Expected date of completion (MM/YYYY)
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With this award, are you proceeding or planning to proceed to any additional degree, diploma, specialty certification?

No Yes (please specify)

DEGREE SOUGHT

Degree Type	Degree Name	Department	Institution	Start date (MM/YYYY)	Expected date of completion (MM/YYYY)

SPONSORS

It is the responsibility of the candidate to ensure that their sponsors complete the appropriate assessment form (fillable PDF version is required) from the List of Forms and Guidelines for Completion. Candidates must have three individuals provide assessments on their behalf. Additional assessments will not be considered. These should include (if applicable) assessments from each of the candidate's two most recent research supervisors. For Postdoctoral candidates, one of these assessments should be from the PhD supervisor (if applicable). Note that Master's Award candidates must submit only two assessment forms; of which one should be from the most recent supervisor. List the names of the individuals whose assessments accompany this application below.

Name of Sponsor / Relationship to Candidate	Current Position Held	Institution
1.		
2.		
3.		

TRAINING EXPECTATIONS

This section consists of text to be attached to the application. Attached documents may be prepared in the word processing software package of your choice, printed and inserted in the application form. Follow these guidelines to prepare your attached documents:

- At the top of each page, indicate your name and the title of the section. (e.g., Training Expectations)
- At the bottom of each page clearly indicate the page number. (e.g., 5a, 5b)
- The details and / or instructions must be printed on the first page of each document (these instructions can be copied and pasted from this page and printed in smaller print - they must be legible).
- Insert a margin of 2 cm (3/4 inch) - minimum - around the page.
- Use a font size of 12 point, black ink. Six lines per inch. No condensed type or spacing.

Text to be attached

1. Master's and Doctoral Research Award Candidates: Provide an overview describing how the training you expect to acquire will contribute to your productivity and to the research goals you hope to achieve.

2. Fellowship Award Candidates: Provide an overview of how your previous research training relates to the present proposal and elaborate on your career goals. Describe how the training you expect to acquire will contribute to your productivity and to the research goals you hope to achieve and how this award will enable you to establish yourself as an independent investigator. Indicate why you decided upon the training location and what you expect to learn from the training experience. In addition, if you are planning to hold this award in the same institution where you completed your PhD, please justify.

3. Clinician Scientist (Phase 1) Award Candidates: In addition to the information requested of a Fellowship Award Candidate: indicate how you will eventually combine research and clinical practice; and describe your career expectations at the completion of the training and the contribution you plan to make at the Nominating Institution.

(Maximum two pages)

Name of candidate

Lay title of research (one line only)

ABSTRACT (SUITABLE FOR PREPARATION OF A PRESS RELEASE)

Sample

PROPOSED TRAINING PROGRAM

Section A: Project Title and Summary of the Research Project

This section consists of text to be attached and should be completed in collaboration with the proposed supervisor(s). **Both the candidate and the proposed supervisor(s) must sign on page 8 of the printed Training Module to confirm the accuracy of the proposed training program. Master's Award candidates must complete this section EVEN if a research supervisor is not secured.**

Attached documents may be prepared in the word processing software package of your choice, printed and inserted in the application form. Follow these guidelines to prepare your attached documents:

- At the top of each page, indicate your name and the title of the section.
- At the bottom of each page clearly indicate the page number. (e.g., 7a, 7b, 7c, etc.)
- The following details and / or instructions must be printed on the first page of the summary (they can be copied and pasted from this page and printed in smaller print, however they must be legible).
- Insert a margin of 2 cm (3/4 inch) - minimum - around the page.
- Use a font size of 12 point, black ink. Six lines per inch. No condensed type or spacing.

Text to be attached

1. Project Title

2. Summary of the research project. Include the specific hypothesis of the research and describe the candidate's role on the project. This summary should be written in general scientific language. For Master's Awards, Doctoral Research Awards and Fellowships no additional pages may be added (one page total). For Clinician Scientists (Phase 1), Senior Research Fellowships (Phase 1) and Operating Fellowships, a minimum of 3 pages is required and a maximum of 6 pages is allowed. Page limits include references.

Name of candidate

Section B: Space, Facilities and Personnel Support

Describe the space, facilities and personnel support which will be available to the candidate. No additional pages may be added. **This section is not required for Master's Award candidates.**

Section C: Percentage of Time to be Spent on Different Activities

In the table below, indicate the percentage of time to be spent on different activities. Awardees are expected to spend at least 75% of their time in research training.

Activity	Percentage of Time
Research	
Course work	
Teaching	
Clinical work	
Supervision	
Other (please specify)	

* The total Percentage of Time for all activities can not exceed 100%

THE SUMMARY OF THE RESEARCH PROJECT WAS WRITTEN BY:

Candidate Proposed Supervisor(s) Both

THE UNDERSIGNED AGREE THAT THIS ACCURATELY DESCRIBES THE TRAINING PROGRAM PROPOSED.

Primary Supervisor

Co-Supervisor

Candidate

Name of candidate

REASONS FOR SELECTING A FOREIGN TRAINING ENVIRONMENT

Describe the unique aspects of the training environment that are not currently available in Canada. No additional pages may be added.

This section is not required for Master's Award candidates.

Sample

Name of candidate

APPENDICES (CHECK THE APPROPRIATE BOXES)

For the program to which you are applying, append the following documents.

NOTE: Sponsors' assessments and transcripts must be provided in an envelope, sealed at the source and included with the application.

MASTER'S AWARD

- 1. Training Module
- 2. Common CV of the candidate validated for CIHR
- 3. Transcripts
- 4. Two sponsors' report forms entitled Sponsor's Report on a Candidate for a Master's Award
- 5. Proof of Canadian citizenship or copy of permanent resident document
- 6. Proof of Health Professional Canadian licensure and expiry date (if applicable)
- 7. Industrial Partnership Module (Industry-partnered Master's Awards only)

DOCTORAL RESEARCH AWARD

- 1. Training Module
- 2. Common CV of the candidate validated for CIHR
- 3. Common CV of the supervisor(s) validated for CIHR
- 4. Transcripts (including undergraduate transcripts)
- 5. Three sponsors' report forms entitled Sponsor's Assessment of a Candidate for a Doctoral Research Award
- 6. Proof of Canadian citizenship or copy of permanent resident document
- 7. Proof of Health Professional Canadian licensure and expiry date (if applicable)
- 8. Industrial Partnership Module (Industry-partnered Doctoral Research Awards only)

FELLOWSHIP AND OPERATING FELLOWSHIP AWARDS

- 1. Training Module
- 2. Common CV of the candidate validated for CIHR
- 3. Common CV of the supervisor(s) validated for CIHR
- 4. Transcripts (graduate and / or health professional training)
- 5. Three sponsors' assessment forms entitled Sponsor's Assessment of a Candidate for a Fellowship or a Clinician Scientist (Phase 1) Award
- 6. Proof of Canadian citizenship or copy of permanent resident document (if applicable)
- 7. Letter from proposed supervisor for foreign candidates
- 8. Proof of Health Professional Canadian licensure and expiry date (if applicable)
- 9. Industrial Partnership Module (Industry-partnered Fellowship and Operating Fellowship Awards only)

CLINICIAN SCIENTIST (PHASE 1) AWARD

- 1. Training Module
- 2. Common CV of the candidate validated for CIHR
- 3. Common CV of the supervisor(s) validated for CIHR
- 4. Transcripts (health professional degree and/or graduate research training)
- 5. Three sponsors' assessment forms entitled Sponsor's Assessment of a Candidate for a Fellowship or a Clinician Scientist (Phase 1) Award
- 6. Proof of Canadian citizenship or copy of permanent resident document (if applicable)
- 7. Proof of Health Professional Canadian licensure
- 8. Letters of support from nominating Institution
 - a. from the Dean
 - b. from the Head of the Department
- 9. Industrial Partnership Module (Industry-partnered Clinician Scientist Awards only)

List the names of the individuals providing letters

TRAINING MODULE



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 CANDIDATE (IF APPLICABLE)

This will acknowledge receipt of the application of

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

Program Applied to:

Canadian Institutes of Health Research

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