

**CANADIAN CHILD HEALTH CLINICIAN SCIENTIST PROGRAM  
PROGRAMME CANADIEN DE CLINCIENS-CHERCHEURS EN SANTÉ DE L'ENFANT**

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

**IMPORTANT:**

**One original signed copy of the Applicant Consent Form is required with submission of the application.**

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 the Canadian Child Health Clinician Scientist Program (CCHCSP) is subject to these laws.

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

Information supplied in the application **except pages labeled “for Administrative use only”** will be made available to the CCHCSP Selection Committee.

**CONSENT:**

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.

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

Submit completed application to:

Selection Committee, CCHCSP  
Canadian Child Health Clinician Scientist Program  
555 University Ave, Rm 7291  
Toronto, ON  
M5G 1X8

Application deadlines:  
April 1 and November 1

**CCHCSP TRAINING MODULE**

<b>APPLICATION TYPE:</b> Doctoral <input type="checkbox"/>	Proposed Start Date (MM/YYYY)
Postdoctoral <input type="checkbox"/>	Competition Date (DD/MM/YYYY)
Career Development <input type="checkbox"/>	Have you applied to this program in the last 12 months? If yes, see instructions on page 9 "All Awards" Yes <input type="checkbox"/> No <input type="checkbox"/>

**CANDIDATE:**  
Surname Given Names

**Citizenship:**  Canadian  Permanent Resident Copy of proof of Citizenship/Permanent Residency attached:

1 Primary Supervisor: Surname, Given Names

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

**LOCATION WHERE RESEARCH WILL BE CONDUCTED**  
Institution Department

Faculty / School Institution which will administer the funds

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

A  
Descriptors: (provide up to 10 keywords to describe this research proposal)

**PROJECT TITLE:**

**CERTIFICATION REQUIREMENT**  
If this research will involve any of the following, check the box(es). If this application 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     
Research takes place outdoors, involves field work or has a negative impact on the environment? Yes  No

I have previewed my full application for completeness. I understand that CCHCSP assumes no responsibility in following-up with me should my application be incomplete and/or not contain all the required signatures and that incomplete applications are withdrawn from the competition.

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 CIHR Research Grants and Awards Guides apply to any 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
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Name:	Name:	Name:
Date: <small>Click here to enter a date.</small>	Date: <small>Click here to enter a date.</small>	Date: <small>Click here to enter a date.</small>

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Name of candidate

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**NOMINATIONS**

If you are applying for a **Career Development** award you must be nominated by your institution. Candidates are nominated by the Dean or equivalent of a Canadian Institution. The sponsoring institution must indicate in a letter to CCHCSP that the Career Development candidate has a current academic appointment and the date the appointment took effect. (Include letter with application.)

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Nominating Institution

Faculty

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**SIGNATURES:**

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Dean/Chair

Candidate

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Name:

Name:

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Date:

Date:

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ALL APPLICANTS:

**AREAS OF RESEACH AND CLASSIFICATION CODE**

**Areas of Research:**

Primary:

Secondary:

**Classification Codes**

Primary:

Secondary:

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**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. These areas of research are not mutually exclusive; therefore the definitions are intended as guides and not as descriptions of eligible areas of research.

1. Biomedical Research    2. Clinical Research    3. Health Services Research    4. Population Health Research

First:

Second:

Third:

Fourth:

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.Name of candidate

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**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, and/or specialty certification?

No  Yes (please specify)

**DEGREE SOUGHT**

Degree Type	Degree name	Department	Institution	Start date MM/YYYY	Expected date of completion MM/YYYY
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**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 (3) individuals provide assessments on their behalf. Additional assessments will not be considered. These should include (if applicable) assessment 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). 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.		

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Name of candidate

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**TRAINING EXPECTATIONS:**

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 at the same institution where you completed your PhD, please justify. Indicate how you will eventually combine research and clinical practice; and describe your career expectations at the completion of the training. (Maximum 2 pages; label pages 5a and 5b).

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Name of candidate

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Lay title of research:

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

Provide a non-technical summary of your research, written in simple and clear language suitable for a lay audience

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Name of candidate

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**Research Training Proposal**

Include the specific hypothesis of the research and describe your role in the project. This summary should be written in general scientific language. A maximum of 5 pages is allowed. Label pages 7a – 7e. You may add one (1) additional page for references.

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Name of candidate

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(a) Describe the space, facilities and personnel support which will be available to you. No additional pages may be added.

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(b) In the table below, indicate the percentage of time to be spent on different activities. Doctoral and Postdoctoral awardees are expected to spend at least 90% of their time in research training. Career Development 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 cannot exceed 100%

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**THE SUMMARY OF THE RESEARCH PROJECT WAS WRITTEN BY:**

Candidate     Proposed Supervisor (s)     Both

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**THE UNDERSIGNED AGREE THAT THIS ACCUREATELY DESCRIBES THE TRIANING PROGRAM PROPOSED.**

Primary Supervisor	Co-Supervisor(s)	Candidate
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Name of candidate

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**APPENDICES** (check the appropriate boxes)

For the training award for which you are applying, append the following documents:

NOTE: Sponsor's letters must be provided in an envelope, sealed at the source and preferably, should be included with the application. These letters must be submitted by the deadline.

**DOCTORAL 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 (photocopy acceptable)
- 7. Proof of Canadian Health Professional licensure and expiry date (if applicable)

**POSTDOCTORAL 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 (graduate and health professional training)
- 5. three sponsors' report 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 (photocopy acceptable)
- 7. Proof of Canadian Health Professional licensure and expiry date (if applicable)

**CAREER DEVELOPMENT 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 Clinician Scientist (Phase 1) Award
- 6. Proof of Canadian citizenship or copy of permanent resident document (photocopy acceptable)
- 7. Proof of Canadian Health Professional licensure and expiry date (if applicable)
- 8. Letters of support from nominating Institution:
  - a. From the Dean
  - b. From the Head of the Department

**ALL AWARDS:**

- Check here if this is a re-application. If so, attach word document outlining response to preview review(s).

**ALL AWARDS:**

List the names of the individuals providing letters here:

- 1.
- 2.
- 3.
- 4.
- 5.