**WCHRI and Department of Obstetrics & Gynecology**

**Resident/Clinical Fellow Trainee Research Grant Application**

**Application may be submitted at any time**

Jeannine Flores Bastidas, Research Administrator

Department of Obstetrics & Gynecology Administrative Office

5S116-1 Lois Hole Hospital for Women, Robbins Pavilion

Royal Alexandra Hospital

10240 Kingsway Avenue

Edmonton, AB, Canada T5H 3V9

**PERSONAL INFORMATION - APPLICANT 1**

**(**If there is a second Resident/Fellow Applicant, please provide information on following page)

|  |  |  |  |
| --- | --- | --- | --- |
| **Candidate Name**: Last Name, First Name, Middle Initial(s) | | | |
| **E-mail Address:** | | **Telephone Number: (780)** | |
| **Department:** | | **Faculty:** | |
| **All candidates must be WCHRI Trainee Members to submit to this funding program.**  If you are not a member, you are required to complete the membership application at [hthttp://www.wchri.org/membership](http://www.wchri.org/membership) prior to submission of this grant application form. | | | |
| **Confirmation of WCHRI Membership** | **YES** | | **NO** |

WCHRI supports the University of Alberta’s efforts to ensure the highest standards of research and scholarship practice and behavior. By signing below, each candidate asserts that this application adheres to all research policies and procedures in place at the University of Alberta.

**SIGNATURES**

The undersigned agree to abide by UAPPOL and the general conditions governing any award made pursuant to the sponsorship of this application.

|  |  |  |
| --- | --- | --- |
| Required Signatures | Printed Name | Date |
| Resident/ Trainee Candidate |  | dd/mm/yy |
| Mentor  23 |  | dd/mm/yy |
| Co-Mentor (if applicable) |  | dd/mm/yy |
| DR. RADHA CHARI – Chair |  | dd/mm/yy |

**PERSONAL INFORMATION - APPLICANT 2 (if applicable)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Candidate Name**: Last Name, First Name, Middle Initial(s) | | | |
| **E-mail Address:** | | **Telephone Number: (780)** | |
| **Department:** | | **Faculty:** | |
| **All candidates must be WCHRI Trainee Members to submit to this funding program.**  If you are not a member, you are required to complete the membership application at [hthttp://www.wchri.org/membership](http://www.wchri.org/membership) prior to submission of this grant application form. | | | |
| **Confirmation of WCHRI Membership** | **YES** | | **NO** |

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| --- | --- | --- |
| Required Signatures | Printed Name | Date |
| Resident/ Trainee Candidate |  | dd/mm/yy |
| Mentor  23 |  | dd/mm/yy |
| Co-Mentor (if applicable) |  | dd/mm/yy |
| DR. RADHA CHARI – Chair |  | dd/mm/yy |

Candidate Name(s): Last Name, First Inital

**MENTOR INFORMATION**

All application must present with at least one mentor that has a proven mentorship record. The role of the mentor must be detailed in the Role of Mentor(s)/ Mentorship Plan section. The mentor’s CV is also required. All Mentors must be academic faculty members that are able to apply for and hold funding.

|  |  |  |  |
| --- | --- | --- | --- |
| **Mentor Name** | **Last Name, First Name, Middle Initial** | | |
| Academic Rank | Assistant Professor  Associate Professor  Full Professor | | |
| **All Mentors must be WCHRI Academic Members to participate in this funding program.**  If you are not an academic member, you are required to complete the academic membership application at [hthttp://www.wchri.org/membership](http://www.wchri.org/membership) prior to the submission of this grant application form. | | | |
| Confirmation of WCHRI Membership | | **YES** | **NO** |

**CO-MENTOR INFORMATION**

Please complete the information below if a co-mentor is proposed in this application. The role of the co-mentor must be detailed in the Role of Mentor(s)/ Mentorship Plan section. The co-mentor’s CV is also required. Co-mentors must be academic faculty members.

|  |  |  |  |
| --- | --- | --- | --- |
| **Mentor Name** | **Last Name, First Name, Middle Initial** | | |
| Academic Rank | Assistant Professor  Associate Professor  Full Professor | | |
| **All Co-mentors must be WCHRI Academic Members to participate in this funding program.**  If you are not an academic member, you are required to complete the academic membership application at [hthttp://www.wchri.org/membership](http://www.wchri.org/membership) prior to the submission of this grant application form. | | | |
| Confirmation of WCHRI Membership | | **YES** | **NO** |

**RESEARCH TEAM – FACULTY CO-INVESTIGATOR INFORMATION**

A research team may include up to 2 co-investigators (if relevant). Each co-investigator must sign the application (below). The Role of the Co-Investigator must be detailed in the Proposed Research Project. All Co-investigators must be academic faculty members.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Proposed Co-Investigator 1** | | **Last Name, First Name, Middle Initial** | | |
| Department |  | | University |  |
| Proposed Co-Investigator Signature | |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Proposed Co-Investigator 2** | | **Last Name, First Name, Middle Initial** | | |
| Department |  | | University |  |
| Proposed Co-Investigator Signature | |  | | |

Candidate Name(s): Last Name, First Inital

**LOCATION OF RESEARCH**

Please provide the location of the research below.

|  |  |
| --- | --- |
| Physical Address: | |
| City: | Telephone: |

**ETHICS INFORMATION**

Indicate whether the proposed research requires the following ethical approvals. Award funding will not be reimbursed without formal evidence of approved ethics. List Department of Obstetrics & Gynecology (internal funding) as the funder.

|  |  |  |  |
| --- | --- | --- | --- |
| Animal Care | Approved  Date:  Approval ID# | To follow | Not required |
| Human Subjects (HREB) | Approved  Date:  Approval ID# | To follow | Not required |
| Biohazard Certification - Level | Approved  Date:  Approval ID# | To follow | Not required |
| AHS Administrative Approval | Approved  Date:  Approval ID# | To follow | Not required |
| Biological & Genetic Therapeutics Directorate (Health Canada) Approval | Approved  Date:  Approval ID# | To follow | Not required |

**CURRENT TRAINING PROGRAM**

All applicants must be registered in a recognized training program at the University of Alberta.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Training Program Information | Resident | | | | | |
| Subspecialty Resident | | | Subspecialty Program: | | |
| Clinical Fellow | | | | | |
| Year of Training |  | Start Date | dd/mm/yy | | Expected Completion Date | dd/mm/yy |

Candidate Name(s): Last Name, First Inital

**LAY ABSTRACT**

Provide a non-technical abstract for the proposed research. A lay abstract should be written in simple and clear language suitable for a non-scientific audience and suitable for release to our stakeholders. Do not exceed the space provided.

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**SCIENTIFIC ABSTRACT**

Provide a scientific summary of the research proposal. Highlight the hypothesis or key question(s) and objectives of the research project, the broad methodologies to be used and the expected outcomes. Do not exceed the space provided.

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Candidate Name(s): Last Name, First Inital

**ROLE OF TRAINEE**

Describe your role in the proposed research project with respect to the skills you bring to the project and the expertise you expect to gain. Detail your contributions to the development of the proposed research. Do not exceed the space provided.

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**ROLE OF MENTOR(S)/ MENTORSHIP PLAN**

The mentor(s) are expected to actively foster the development of the trainee in the proposed research project to ensure that the project is completed within the anticipated timeframe. Describe the role of the mentor(s) in the proposed research project with respect to the expertise they will provide. Include mentor/ mentee expectations. Do not exceed the space provided.

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Candidate Name(s): Last Name, First Inital

**DETAILED WORK PLAN**

List the main tasks involved in the completion of the research project. Estimate the work end date for each listed item. All work must conclude by the program end date provided on this application form.

Through the submission of this application you and your mentor are confirming that none of the work proposed in this project has commenced. Additional pages may be used.

|  |  |  |
| --- | --- | --- |
| Research Activity/ Task | Work Start Date | Work End Date |
| Patient Recruitment | dd/mm/yy | dd/mm/yy |
| Data Collection | dd/mm/yy | dd/mm/yy |
| Data Analysis | dd/mm/yy | dd/mm/yy |
|  | dd/mm/yy | dd/mm/yy |
|  | dd/mm/yy | dd/mm/yy |
|  | dd/mm/yy | dd/mm/yy |
|  | dd/mm/yy | dd/mm/yy |
|  | dd/mm/yy | dd/mm/yy |
|  | dd/mm/yy | dd/mm/yy |
|  | dd/mm/yy | dd/mm/yy |

**RESEARCH PROJECT**

Provide a title and description of the research project. The proposed research project should articulate the research plan as well as anticipated outcomes. Sub-headings to include are: Literature review and rationale; hypothesis and/or objectives; study design; research methodology; data analysis; and expected outcomes and implications. If this application includes co-investigators, please describe clearly the role of each co-investigator in the project. A total of 3 pages (including this page) may be used to complete this section. Instead of typing into the box below, you may append 3 pages to the application. Additional pages can be used for references, figures, tables, and/or questionnaires.

|  |
| --- |
| PROJECT TITLE: |
|  |

Candidate Name(s): Last Name, First Inital

**BUDGET SUMMARY**

Provide complete details of your requested budget below. Where additional funding has been obtained, please ensure that the funding body and funding allocation (or contribution) has been provided. Please see the guidelines for eligible/ineligible expenses.

**Salary Support**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Research Staff** | **Salary** | **Benefits** | **Matching Funds** | | **Total**  **Requested** |
| **Grant** | **In-kind**  **Contribution** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Materials, Supplies and Services**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Description** | **Unit Cost & Quantity** | **Matching Funds** | | **Total**  **Requested** |
| **Grant** | **In-kind**  **Contribution** |
| Animal costs |  |  |  |  |  |
| Expendables |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Other Expenses**

It is expected that the research supported by this grant will be published. Publication costs must be included in this budget either as a direct operating expense or as a contribution committed by the mentor. Acknowledgement of WCHRI and proper funder(s) must appear in the publication.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Description** | **Unit Cost & Quantity** | **Matching Funds** | | **Total**  **Requested** |
| **Grant** | **In-kind**  **Contribution** |
| Publication Costs |  |  |  |  |  |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |

Candidate Name(s): Last Name, First Inital

**WCHRI Research Platforms - Biostatistics Services (in-kind support)**

Support for biostatistics to a maximum of 13 hours will be provided in-kind by WCHRI. The value of this in-kind commitment will not exceed **$780.00**.

|  |  |
| --- | --- |
| Will WCHRI biostatistics services be required for this work?  (If yes, a quote must be provided with the application) | Yes  No |

**Total Funds Requested**

Total funds requested for salary support, materials, supplies, services and other expenses may not exceed **$2,000.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Salary Support** | **Materials, Supplies and Services** | **Other Expenses** | **Statistical Services** | **Total Requested** |
|  |  |  |  |  |
|  |  |  |  |  |

Candidate Name(s): Last Name, First Inital

**BUDGET JUSTIFICATION**

Each budget item associated with the research project should be explicitly listed and clearly justified. **Provide supporting documentation such as quotes or proof of pricing where such information will substantiate the funding requested.** Inadequate documentation may result in budgetary reductions.

Information provided for salary requests should include, but is not limited to the following: the role, name of the research staff (when known), salary, benefits, and time committed to the project in terms of hours. If the research staff is currently supported by grant funding, please ensure that your justification includes the following additional details: amount of support, grant source, and the grant period of support. Please see the guidelines for eligible/ineligible expenses.

|  |
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Candidate Name (s): Last Name, First Inital

**APPLICATION ATTACHMENTS**

The following attachments must be included with the application form at the time of submission:

* The applicants curriculum vitae (CV);
* The mentors curriculum vitae (CV) including publications with residents/ trainees underlined;
* If a co-mentor is proposed, then the co-mentor(s) curriculum vitae (CV) including publications with residents/ trainees underlined;
* Quotes supporting the budget request. (if necessary)

**CHECKLIST FOR APPLICANTS**

(Please do not include this page with your application submission)

□ 1. Completed Application Form

□ 2. The Applicant(s) Curriculum Vitae

□ 3. The mentors curriculum vitae (CV) including publications with residents/ trainees

underlined.

□ 4. If a co-mentor is proposed, then the co-mentor(s) curriculum vitae (CV) including

publications with residents/ trainees underlined

□ 5. Quotes supporting the budget request.