

The Chaim Roifman Scholar Award For Young Investigators

Supported by Baxter BioScience, CSL Behring Canada Ltd
Grifols Canada Ltd, Octapharma Canada Inc and Immunodeficiency Canada

APPLICATION #:		DATE:	
YOUNG INVESTIGATOR INFORMATION			
Last Name:		First:	M.I.: Degree:
Institution:		Department:	
Street Address:			Floor/Room:
City:		Prov:	Postal Code:
Phone:		Fax:	
E-mail Address:			
Is your research conducted in Canada? YES <input type="checkbox"/> NO <input type="checkbox"/>			

SCIENTIFIC SUPERVISOR INFORMATION			
Last Name:		First:	M.I.: Degree:
Is address same as above: YES <input type="checkbox"/> NO <input type="checkbox"/>		If No, please provide details below.	
Institution:		Department:	
Street Address:			Floor/Room:
City:		Prov:	Postal Code:
Phone:		Fax:	
E-mail Address:			
Are there other investigators? YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, please provide their information below.	

SUB INVESTIGATOR INFORMATION			
Last Name:		First:	M.I.: Degree:
Is address same as above: YES <input type="checkbox"/> NO <input type="checkbox"/>		If No, please provide details below.	
Institution:		Department:	
Street Address:			Floor/Room:
City:		Prov:	Postal Code:
Phone:		Fax:	
E-mail Address:			

The Chaim Roifman Scholar Award *For Young Investigators*

*Supported by Baxter BioScience, CSL Behring Canada Ltd
Grifols Canada Ltd, Octapharma Canada Inc and Immunodeficiency Canada*

DESCRIPTION OF RESEACH	
Title of grant:	
Title of project:	
ABSTRACT	
Please provide a brief (250 words maximum) description of your research project. Please include your scientific approach, highlighting the expected significance of the research in lay terms.	

RESEARCH SITE			
Where will the proposed research be conducted?			
Start Date:		End Date:	

COMMITMENT TO PROJECT	
Please indicate the number of hours per month to be spent on this project:	

The Chaim Roifman Scholar Award For Young Investigators

Supported by Baxter BioScience, CSL Behring Canada Ltd
Grifols Canada Ltd, Octapharma Canada Inc and Immunodeficiency Canada

RESEARCH DETAILS

For this project, have you applied for research ethics approval for:

Animal experimentation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, Protocol #:
Human experimentation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, Protocol #:
Does this project involve the use of any of the following agents? If yes, please indicate the required containment level.			
Pathogenic Agents?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/> Level 4 <input type="checkbox"/> None <input type="checkbox"/>
Recombinant genetics?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/> Level 4 <input type="checkbox"/> None <input type="checkbox"/>
Radioisotopes?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/> Level 4 <input type="checkbox"/> None <input type="checkbox"/>

BUDGET

Amount requested per year in Canadian dollars:	\$	
Do other funds exist for this project?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If Yes, Please complete the following:		
Agency:		Amount per year:
Agency:		Amount per year:

DISTRIBUTION OF FUNDS

Please provide the following financial details for your institution:

Financial Officer Name:		
Institution:		
Department:		
Street Address:		Floor/Room:
City:	Prov:	Postal Code:
Phone:	Fax:	E-mail:

MANDATORY ATTACHMENTS:

1. Proposal	YES <input type="checkbox"/>	NO <input type="checkbox"/>	A research proposal (1000 word maximum) is required. One additional page for figures is acceptable. Proposal must include the following headings: Background, Goals and Objectives, Research design, Methods, and preliminary results. Proposals should be written addressing one year of funding.
2. Detailed Budget	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<ul style="list-style-type: none"> Indicate the financial requirements for one year in Canadian dollars. All items must be justified. We will not cover equipment acquisition or travel.
3. 2 Letters of support	YES <input type="checkbox"/>	NO <input type="checkbox"/>	A letter of support from your research supervisor <u>and</u> the Department/Division head or Program Director

The Chaim Roifman Scholar Award For Young Investigators

*Supported by Baxter BioScience, CSL Behring Canada Ltd
Grifols Canada Ltd, Octapharma Canada Inc and Immunodeficiency Canada*

4. REB Approval	YES <input type="checkbox"/>	NO <input type="checkbox"/>	A copy of approval form the research ethics board (REB) within your institution
5. CV	YES <input type="checkbox"/>	NO <input type="checkbox"/>	A curriculum vitae is requested for the young investigator only. CV must include: <ul style="list-style-type: none"> • Address and current position • Publication record • List of all grants currently held and applied for, including the source of funding, time period of funding, grant title and the amount of funding • A statement of the relationship of this application to these other grants
6. 4 Full Packages	YES <input type="checkbox"/>	NO <input type="checkbox"/>	One completed original package consisting of this application, your proposal, budget, letters of support, REB approval and CV must be included, along with 3 additional copies of the full package.

DISCLAIMER AND SIGNATURE

I certify that the enclosed application for research funding from Immunodeficiency Canada represents a study of which I am the Principal Investigator and that I am responsible for the development of the proposal. If funded I will act as the Principal Investigator and will assume responsibility for the implementation and performance of the proposed study.

All information I have presented is true. If this application leads to funding, I understand that false or misleading information in my application may result in loss of funding.

I am aware that if I receive funding, I am responsible to acknowledge this support by using the full name of the award in any publication or presentation made during or resulting from the tenure of the award. Immunodeficiency Canada shall similarly be informed of any submission of papers for publication which result from the term of this award.

I understand that as the recipient of this grant I am required to present my research at an Immunodeficiency Canada-sponsored event.

I agree to all of the above terms by signing this application.

Signature

Printed Name

Date

Please submit all completed packages via email at research@immunodeficiency.ca