

Immunodeficiency Canada Research Fellowship in Primary Immunodeficiency supported by Takeda Canada

APPLICATION # (for internal use)		DATE:	
APPLICANT INFORMATION (FELLOW/EARLY CAREER INVESTIGATOR)			
Last Name:	First:	M.I.:	Degree:
Institution:	Department:		
Street Address:		Floor/Room:	
City:	Prov:	Postal Code:	
Phone:	Fax:		
Email Address:			
Is your research conducted in Canada? YES <input type="checkbox"/> NO <input type="checkbox"/>			

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:		
Email Address:			
Are there other investigators?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, please provide their information below (append pages if needed)	

SUB-INVESTIGATOR INFORMATION (if applicable)			
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:		
Email Address:			

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DESCRIPTION OF RESEARCH
Title of Study:
Lay Study Title:
CATEGORY
<p>Select all that are applicable:</p> <ul style="list-style-type: none"> <input type="radio"/> Genetics of primary immunodeficiency <input type="radio"/> Characterization of cellular and molecular mechanisms underlying primary immunodeficiency <input type="radio"/> Advancements in the diagnosis and treatment of primary immunodeficiency
LAY ABSTRACT
<p>Provide a brief (250 words maximum) description of your research study. Please include your scientific approach, highlighting the expected significance of the research in lay terms.</p> <div style="height: 300px; border: 1px solid #ccc; margin-top: 10px;"></div>

RESEARCH SITE			
Where will the proposed research be conducted?			
Start Date:		End Date:	
COMMITMENT TO STUDY			
Please indicate the number of hours per month to be spent on this study:			

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RESEARCH STUDY DETAILS				
For this study, have you (or your supervisor) 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:	Email:	

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. The proposal must be structured to include: Background, Goals and Objectives, Research Design, Methods, and Preliminary Results.
2. Detailed Budget	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<ul style="list-style-type: none"> Indicate the financial requirements in Canadian dollars Funding requests for equipment acquisition or travel will not be considered
3. Letter of Support	YES <input type="checkbox"/>	NO <input type="checkbox"/>	A letter of support from the supervisor.

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4. REB Approval	YES <input type="checkbox"/>	NO <input type="checkbox"/>	A copy of study approval from the research ethics board (REB) within your institution.
5. Applicant CV	YES <input type="checkbox"/>	NO <input type="checkbox"/>	The Applicant's curriculum vitae must include: <ul style="list-style-type: none"> • Affiliations 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. Supervisor CV	YES <input type="checkbox"/>	NO <input type="checkbox"/>	The Supervisor's curriculum vitae must include: <ul style="list-style-type: none"> • Affiliations 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
7. Learning Environment	YES <input type="checkbox"/>	NO <input type="checkbox"/>	A description of the training/learning environment provided by the Supervisor.
8. Completed Package	YES <input type="checkbox"/>	NO <input type="checkbox"/>	One completed original package consisting of this application, the study proposal, budget, letter of support, REB approval, Applicant and Supervisor CV, and details of the training/learning environment must be included.

APPLICANT DISCLAIMER AND SIGNATURE

I certify that the enclosed application for research funding from Immunodeficiency Canada represents a study of which I, the Applicant, 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

SUPERVISOR SIGNATURE

Signature

Printed Name

Date

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