The PRAIRIE Hub for Pandemic Preparedness
4-020E Katz Group Centre for Pharmacy and Health Research - University of Alberta
Edmonton, Alberta, Canada T6G 2H7
prairie.hub@ualberta.ca

PRAIRIE Hub for Pandemic Preparedness Training Initiative Application

Instructions

Applicant Information: Provide contact information for applicant.

Current Research Supervisor: Provide contact information for current research supervisor of applicant.

Travel Information: Provide details for training event, location, and dates.

Host Supervisor: Provide contact information for host supervisor where applicable (lab-to-lab training, collaborations, etc.). This information is not required for conferences or workshops.

Letter of Support: Provide a letter of support from current supervisor. If applicable, provide an additional letter from the host supervisor. One or both letters may be attached at the end of the application if space provided is not sufficient.

Training Proposal Title & Summary: Title and summarize the proposed training opportunity. Provide a description, objectives, and the relevance of the training as it pertains to PRAIRIE Hub priorities.

Training Location Rationale: Provide rationale detailing why the training cannot be obtained at your current institution and must require travel.

Estimated Cost of Travel: Provide itemized costs associated with travel (registration fees, transportation, accommodation, etc.). These estimates must be accompanied by attached quotes and/or receipts and not exceed reasonable expectations for proposed costs.

Other Funding: If you are expecting other funding to help finance the training, list it here. Examples include other training initiatives, graduate funding, sponsorships, etc.

Signatures: All applications must be signed by the applicant and their current supervisor. Host supervisors may sign when applicable but are not required for conferences or workshops.

Email completed form to phpp@ualberta.ca

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Applicant Information		
Applicant Last Name	Applicant First Name	
Position Held (graduate student, post-doctoral fellow, research assistant, etc.)		
Department	Institution	
Email	Phone Number	
Current Research Supervisor		
Last Name	First Name	
Department	Institution	
Email	Phone Number	
Travel Information		
Name of Event or Training Site	Type of Training	
Organization Name and Address		
Travel Destination (City, Country)	Departure Date YYYY/MM/DD	Return Date YYYY/MM/DD
Host Supervisor		
Last Name	First Name	
Department	Institution	
Email	Phone Number	

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Letter of Support from Supervisor and/or Host Supervisor	
Must confirm travel necessity and impact. You may use this field or attach the letter(s) at the end of the application.	
Provided by:	☐ Current Supervisor ☐ Host Supervisor

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Training Proposal Title
Training Proposal Summary
Summarize your proposed training opportunity. Include a description, objectives, and the relevance of the training to the PRAIRIE Hub. (500 words)

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Training Location Rationale
Explain the rationale behind the specific training. Consider why this activity is critical at the proposed location and how the host institution can meet your needs in a way your current institution cannot. (250 words)

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Estimated Cost of Travel	
Provide itemized travel costs with copies of quotes/receipts attached at the end of application. Consider registration fees, transportation, accommodation, and other travel-related expenses.	
Proposed Expenditure	Amount ($CAD)
Full Amount Requested	

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Other Funding	
Indicate values and sources of any other funding you will receive for this proposal.	
Source	Amount ($CAD)

You will be required to submit a brief post-travel report containing key outcomes, learnings, and how the experience will advance your work or PRAIRIE Hub goals. Photos and a summary for possible inclusion in PHPP communications are appreciated but optional. You will also be required to acknowledge PRAIRIE Hub in any presentations or publications arising from the travel.

If you do not participate in the travel/training that the PHPP Training Initiative has approved to fund, it is your responsibility to notify PHPP immediately in writing. You may be required to repay any travel funds received.

Applicant Name*	Applicant Signature*	Date
_____	_____	_____
Current Supervisor Name*	Current Supervisor Signature*	Date
_____	_____	_____
Host Supervisor Name	Host Supervisor Signature	Date
_____	_____	_____