**WCHRI and Department of Pediatrics**

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

**Applications may be submitted at any time to:**

Pediatric Research, 3rd floor reception

3-470 Edmonton Clinic Health Academy (ECHA)

Resident/Clinical Fellow Trainee Research Grants may be held by Department of Pediatrics trainees currently engaged in the following recognized full-time University of Alberta training programs and whose research is focused on children's health:

* Residency,
* Subspecialty Residency, and
* Clinical Fellowship.

The Resident Research opportunity offers awardees the resources and support to carry out an independent research project during their residency. The proposed work should be within the applicant’s ability to execute independently, within the time available, with the support of the proposed mentor. This opportunity is often the applicant’s first foray into research. Awardees may hold this grant once per eligible program.

Applicants must be a WCHRI trainee member and be supervised by a WCHRI academic member who is a University of Alberta faculty member. All applicants are expected to work with their mentor to develop the application particularly with respect to the research proposal. Additionally, mentors are expected to provide advice and support to ensure satisfactory project completion and timely research outcomes.

The applicant and mentor should ensure that the hypothesis/research question, objectives, methodological approach and expected outcomes are described in sufficient detail for the reviewers to be able to assess the feasibility and overall merit of the proposed research in terms of its suitability as a training opportunity. The role of the candidate, mentor and if applicable, co-investigators must be clearly evident. The applicant is responsible for ensuring that the application is complete. In keeping with the mentoring and training aspects of this award, applicants may be solicited to provide additional information or amendments. Applicants may not propose work that has begun, or will begin prior to the commencement of award funding.

**Instructions for Completion of Application Form**

* Read the application and guidelines before you start filling out the application form.
* Do not include the first 4 pages or the last page in your grant as these are just instructions.
* Do not exceed the space provided. Additional pages may be provided only where indicated.
* Do not submit photo-reduced, double-sided or stapled application material.
* The complete, original, signed application must be received by the Pediatric Research office with:
  + Signatures as per the first page of the application form;
  + Supporting documents as required (i.e. original, signed letter of support for off-site research, budget justification, quotes/proof of pricing, applicant and mentor(s) CVs;
  + If you are requesting statistical support, you MUST attach a quote or your application will not be processed.
  + This application MUST include costs allocated to publication of this research project (either within the budget or a commitment from the mentor).

No (photo)copies of the grant application are required. All applications submitted must use the current application form. Previous application forms will not be accepted. Applicants that submit applications that are either incomplete or non-compliant with the program guidelines and/or application instructions will be contacted.

**Application Submission**

Electronic submission of this application is not accepted. The original, signed application should be submitted to Pediatric Research office via the 3rd floor receptionist in ECHA, 3-470.

**Evaluation Procedure**

Pediatric Research uses a grading grid to help in the evaluation and assessment of applicants. The grading grid is located in the following section of this document.

**Competition Results**

All applicants will be notified of the results by email.

**Resident/Clinical Fellow Trainee Research Grant**

**Scoring Sheet**

All applications will be reviewed by University of Alberta academic faculty. Every effort is made to find reviewers with expertise in the area of research. Where applicable, applications will be reviewed based on the following criteria:

**Resident/Trainee’s Academic Background and Work Experience (Score 0 to 3)**

|  |  |
| --- | --- |
| Academic background (including awards, prizes and funding, publications and presentations) and work experience | **Point Allocation**  **(maximum)** |
| Adequate | 0 |
| Good | 1 |
| Very Good | 2 |
| Outstanding | 3 |

**A maximum of 3 points may be allocated for the Applicant’s Academic Background and Work Experience.**

**Role of Resident/Trainee in Proposed Research (Score 0 to 2)**

WCHRI expects that the Resident/ Trainee will engage in a research opportunity that will require both intellectual and methodological contributions.

|  |  |
| --- | --- |
|  | **Point Allocation**  **(maximum)** |
| The role of the resident/ trainee is clearly defined and will enable the resident/ trainee to obtain new methodological expertise. | 0 |
| The resident/ trainee is expected to make intellectual and methodological contributions that will enhance the learning experience. | 1 |
| The role of the resident/ trainee builds upon the resident/ trainee’s previous expertise and experience. The resident/ trainee clearly has the skills required to drive the research project to completion. | 2 |

**A maximum of 2 points may be allocated for the Role of the Resident/ Trainee in Proposed Research.**

**Role of the Mentor/ Mentorship Team (Score 0 to 2)**

WCHRI expects that the Resident/ Trainee will have a mentor that is engaged in the project and is committed to driving the research project through to completion. All mentors must be able to evidence success providing mentorship. Where limited experience with mentorship is evidenced, a co-mentor with a proven record of mentorship may be required. Reviewers are asked to consider the mentor’s CV/ publication track record with specific reference to publications with trainees.

|  |  |
| --- | --- |
|  | **Point Allocation**  **(maximum)** |
| The applicant would benefit from the inclusion of a co-mentor to ensure adequate resources are in place to support this work. | 0 |
| The mentor has evidenced success providing guidance to trainees and in all likelihood the research project will be completed within the stipulated timeframe. | 1 |
| The mentor has significant expertise with trainees and WCHRI can expect that this research will be completed through to publication. | 2 |

**A maximum of 2 points may be allocated for the Role of the Resident/ Trainee in Proposed Research.**

**Quality and Clarity of Proposed Research Project (Score of 0 to 2)**

WCHRI expects that all applications submitted for funding consideration will meet or exceed the criteria corresponding to point allocation of 2.

|  |  |
| --- | --- |
| The proposed research should present in accordance with the application instructions | **Point Allocation**  **(maximum)** |
| The overall quality of the project is not well-written/ the proposed work is not clearly described. Revisions are required. | 0 |
| The project is written well enough to convey the project rationale and a minimum acceptable level of methodological details. Some revisions of the proposed work are required to ensure project feasibility. | 1 |
| The project is well written, providing solid rationalization and methodological details. No revisions are required to clarify the proposal. | 2 |

**A maximum of 2 points may be allocated for the Quality and Clarity of Proposed Research Project.**

**Overall Impression of Proposed Research Project Feasibility (Score of 0 to 2)**

WCHRI expects that all applications submitted for funding consideration will meet or exceed the criteria corresponding to point allocation of 2.

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| --- | --- |
| The proposed research should present in accordance with the application instructions | **Point Allocation**  **(maximum)** |
| The proposed work is unlikely to result in a viable outcome and revisions are recommended. | 0 |
| Overall, the project appears to be achievable given the information provided. | 1 |
| The project is clearly feasible and there are no concerns with respect to the applicant and mentor achieving an outcome within the available timeframe. | 2 |

**A maximum of 2 points may be allocated for the Overall Impression of Proposed Research Project Feasibility.**

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

**Application may be submitted at any time**

Pediatric Research, 3rd floor reception

Edmonton Clinic Health Academy

11405-87 Avenue, 3rd Floor

Edmonton, AB T6G 1C9

**PERSONAL INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **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. Applicants in the General Pediatrics Program are asked to solicit the signature of the Pediatric Resident Research Chair in addition to Department sponsor signatures.

|  |  |  |
| --- | --- | --- |
| Required Signatures | Printed Name | Date |
| Resident/ Trainee Candidate |  | dd/mm/yy |
| Mentor  23 |  | dd/mm/yy |
| Co-Mentor (if applicable) |  | dd/mm/yy |
| Pediatric Resident Research Chair – Applies to General Pediatric Residents |  | dd/mm/yy |
| Associate Chair, Research – Applies to subspecialty residents/ clinical fellows |  | dd/mm/yy |

Candidate Name: 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 not 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 - 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: 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 Pediatrics as the funder.

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

**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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Candidate Name: Last Name, First Inital

**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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**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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**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: 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 |  |  |  |  |  |
|  |  |  |  |  |  |
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**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 |  |  |  |  |  |
| Cost to make a poster |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**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 (plus cost of biostatistics services).

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

Candidate Name: 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: 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;
* Quotes supporting the budget request.