

Resident/Clinical Fellow Trainee Research Grant (RCFTRG) Application Form

Applications may be submitted electronically at any time to: pedsr@ualberta.ca

NOTE: Before completing this form, please refer to the RCFTRG Application Guidelines, which includes details about this funding program, including eligibility and conditions of the award.

The Resident/Clinical Fellow Trainee Research Grants (RCFTRG) 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

This grant offers awardees the resources and support to carry out an independent research project during their training. The proposed work should be within the applicant's ability to execute independently, within the time available, with the support of the proposed mentor(s). This opportunity is often the applicant's first foray into research, so it should also be viewed as an educational exercise that can enhance the methodological quality and academic rigour of the proposed research. Awardees may hold this grant once per eligible program.

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

The applicant and mentor(s) should ensure that the hypothesis/research question, objectives, methodological approach, and expected outcomes are described in sufficient detail for external reviewers to assess the feasibility and merit of the proposed research in terms of its suitability as a training opportunity. The role of the candidate and mentor(s) (and co-investigators, if applicable) must be described clearly. 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 required to provide additional information or amendments. Only under exceptional circumstances will an application be considered eligible if already underway at the time of submission.

Instructions

- As a first step, review the application and guidelines **before** you complete the application form.
- Omit the instructions, including the first 4 pages and the last page, before you submit your application.
- 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 (e.g., original, signed letter of support for off-site research, budget justification, cost quotes, CVs)
- If you are requesting statistical support, you **must** attach a quote to accompany your application.

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 and Confirmation

All application materials (application form, CVs, cost quotations, if applicable) can be submitted electronically by email to pedsr@ualberta.ca. Upon receipt, applicants will receive an email to confirm their application was received.

Application Evaluation

A structured grading grid is used to evaluate applications.

Results

All applicants will be notified of the results by email.

PERSONAL INFORMATION

Candidate Name: Last Name, First Name, Middle Initial(s)	
E-mail Address:	Telephone Number:
Department:	Faculty:

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.

Signatures	Printed Name	Date
Resident/Fellow (Applicant)		dd/mm/yy
Mentor		dd/mm/yy
Co-Mentor (if applicable)		dd/mm/yy
Pediatric Resident Research Chair (for General Pediatric Residents only)	Joan Robinson	dd/mm/yy
Associate Chair, Research (for Subspecialty Residents/Fellows only)	Geoff Ball	dd/mm/yy

Candidate Name: Last Name, First Initial

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		
Email Address			
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 http://www.wchri.org/membership prior to the submission of this grant application form.			
Confirmation of WCHRI Membership	YES	NO	

CO-MENTOR INFORMATION (IF APPLICABLE)

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		
Email Address			
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 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 (IF APPLICABLE)

A research team may include up to 2 Co-Investigators. 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 Initial

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	General Pediatric 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.

Candidate Name: Last Name, First Initial

SCIENTIFIC ABSTRACT

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

ROLE OF TRAINEE

Describe your role in the proposed research, including the skills you bring to the project and the expertise you expect to gain. Describe your role in developing the project. Do not exceed the space provided.

ROLE OF MENTOR(S)

The mentor(s) is expected to actively foster the development of the trainee in the proposed research, helping to ensure that the project is completed within the anticipated timeframe. Describe the role of the mentor(s) in with respect to the expertise they will provide, including meeting frequency as well as mentor/mentee expectations and responsibilities. Do not exceed the space provided.

WORK PLAN

List the main tasks required to complete the proposed research, including estimated timeframes. All activities must conclude by the program end date provided on this application form. By submitting this application, you and your mentor confirm that none of the proposed research has commenced. Additional pages may be used.

Activity	Start Date	End Date
Ethics Submission/Institutional Approval	dd/mm/yy	dd/mm/yy
Participant Recruitment (if applicable)	dd/mm/yy	dd/mm/yy
Data Collection	dd/mm/yy	dd/mm/yy
Data Analysis	dd/mm/yy	dd/mm/yy
Knowledge Translation Activities (presentations, publications)	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 proposed research. Please use the following sub-headings: Background and rationale; hypothesis and/or objectives; study design; research methodology(ies); data analysis; expected outcomes; and research 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. References, figures, tables, and/or questionnaires can be appended and do not count toward the 3-page limit.

PROJECT TITLE:

Candidate Name: Last Name, First Initial

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 lead to academic output, including conference presentations and a manuscript(s) for publication. Publication costs can be included in this budget either as a direct expense or as a contribution committed by the mentor. Acknowledgement of WCHRI and REDCap (if applicable) must be included in any published manuscript.

	Description	Unit Cost & Quantity	Matching Funds		Total Requested
			Grant	In-kind Contribution	
	Publication costs				
	Poster costs				

Total Funds Requested

The total budget must not exceed \$2,000.

Salary Support	Materials, Supplies and Services	Other Expenses	Statistical Services (in-kind; up to \$780)	Total Requested

WCHRI Biostatistics Services

Support for biostatistics (≤ 13 hours) will be provided in-kind (*i.e.*, at no cost) by WCHRI. The value of this in-kind commitment must not exceed \$780 and is independent of the \$2,000 limit.

Will WCHRI biostatistics services be required for this research? (If yes, a quote must be provided with the application)	Yes	No
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Candidate Name: Last Name, First Initial

BUDGET JUSTIFICATION

Each budget item associated with the proposed research should be listed and 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 the following: the role, name of the research staff (if known), salary, benefits, and time (hours) committed to the research. If research staff are 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 expenses.

Candidate Name: Last Name, First Initial

APPLICATION ATTACHMENTS

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

- The applicant's curriculum vitae (CV);
- The mentor's (and co-mentor's, if applicable) curriculum vitae (CV); underline publications with trainees;
- Cost quotes supporting the budget request (if applicable)