



Best Brains Exchange Travel Award Application Form

1. Applicant Information

CIHR PIN (if available):

Name:

Title:

Affiliation (Department, Institution):

Address:

Email address:

Phone number:

2. Request for funding information

Location of Best Brains Exchange:

Topic of Best Brains Exchange:

Role in Best Brains Exchange: Presenter Facilitator

Knowledge / experience related to Best Brains Exchange topic (*Please provide a summary of your knowledge and expertise as it relates to the Best Brains Exchange topic in bullet format*):

- 1.
- 2.
- 3.
- 4.
- 5.

3. Conditions of funding

If accepted for this Best Brains Exchange Travel Award, I agree to (check boxes):

Participate in a pre-session planning teleconference

Prepare and submit to CIHR all necessary speaker materials 10 business days prior to the scheduled Best Brains Exchange including:

One recommended article for pre-session reading, intended to provide background and context for my presentation

A short biography (200 words) and photo

A copy of my presentation slide deck

Attend the pre-session networking event/dinner

Attend the full day Best Brains Exchange (*includes presenting to participants, participating in plenary discussions and round tables*)



- Participate in CIHR evaluation activities related to the Best Brains Exchange Program
- Provide consent to share my presentation with the Best Brains Exchange participants following the event
- Provide consent to share my name, affiliation and title publicly following the event, showing my involvement in the Best Brains Exchange

4. Submission Requirements

Your complete application will consist of:

1. Completed Best Brains Exchange Travel Award application form.
2. Biography that reflects your experience and knowledge related to the Best Brains Exchange topic.

Please send an electronic copy of your application package to:

Liz Drake
Senior Advisor (acting), Knowledge Translation Strategy
Canadian Institutes of Health Research
Tel: 613-948-5793
FAX: 613-954-1800
Email: Elizabeth.Drake@cihr-irsc.gc.ca

6. Signatures

Consent to Disclosure of Personal Information

I understand that maintaining public trust in the integrity of researchers is fundamental to building a knowledge-based society. By submitting this application or by accepting funding from CIHR, NSERC and/or SSHRC, I affirm that I have read and I agree to respect all the policies of these Agencies that are relevant to my research, including the *Tri-Agency Framework: Responsible Conduct of Research* (<http://www.rcr.ethics.gc.ca/eng/policy-politique/framework-cadre/>). In cases of a serious breach of Agency policy, the Agency may publicly disclose my name, the nature of the breach, the institution where I was employed at the time of the breach and the institution where I am currently employed. I accept this as a condition of applying for or receiving Agency funding and I consent to such disclosure.

Name

Signature

Date

x
