

Name:

File number: 323931

#### Registration

#### THIS IS A DEFAULT ENGLISH VERSION OF THE FORM which has not been fully validated.

Please refer to the program rules and the French version of the form to make sure you provide the right information. To access the French version of the form, get back to the **My forms** page and change the display language in the upper right corner of the screen.

The pre-application form is mandatory to submit an application for this program.

The pre-application form including all required documents must be submitted **before the deadline set by the institution** that will approve your application. Following the approval given by the institution, your application form will be automatically submitted to the FRQS if the deadlines are respected.

To find out your institution's deadline, you must first indicate the institution and save it at the section **Managing institution** in your application form. The institution's deadline will be displayed under the **Your institution's deadline** column on the **My forms** page. In addition, the value under the **Form status** column allows you to track the approval and submission process of your application form.

It is important to carefully read the program rules (programme web page), the Common General Rules (RGC) and all relevant documentation before beginning to complete this form, especially the eligibility requirements.

Make sure you are using the correct form for the program you have chosen. If you make a mistake, you will have to abandon the application and start a new one.

Refer to the <u>Presentation standards for PDF attachments to PQn If ms</u> available in the **Doc new 3** of the FRQnet E-portfolio for complete presentation instructions.

Prior to the submission of this form, the Canadian Common CV must be transmitted and the .PDF file of the detailed contributions must be attached in the Canadian Common CV section of the FRQnet E- portfolio.

Fields marked with an steri k (a) are mandatory in all section of the form with a well button, it is in ordant to safe the information on the page before clicking the "Validate the page" button.

The "Validate submission" button in the **Signature and submission** section allows you to check whether the required information is complete.

### SEULEMENT

#### **Applicant**

#### **IDENTIFICATION**

This information cannot be modified by the user. Please send any corrections to the following address: **centre.assistance.sante@frq.gouv.qc.ca** indicating your account number and the corrections to be made.

PIN

Name

First name

\*Research status

#### **CONTACT INFORMATION**

The information is displayed for consultation purposes only a leaves from the My Profile age of the FRQnet Electronic Portfolio. If the information is missing or incorrect, please edit it on the My Profile page (for the Addre Tyr for d, you just elect P rime y Al liation Address).

Adresse:

### INFORMATION

t our el:

#### Canadian residency st tus

Are you currently domiciled in Québec within the meaning of the Québec health Insurance Act?

OYes ONo

Since when have you lived in Québec? If you have always lived in Québec, enter your date of birth

If you have been domiciled in Québec for less than 6 months, select one of the

○ I used to be domiciled in Quebec and I left only for my studies.

☐ I used to be domiciled in Quebec and I left for reasons other than studies.

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#### **Host environment**

#### Departmental and university affiliation of the position that is or will be held

The list of establishments is limited to managing establishments recognized by the FRQ, mainly including universities and CIUSSSs. The granting institution is generally the candidate's employing institution.

The current list of managing institutions is available at Establishments recognized to manage funding.

Primary University Affiliation refers to the university that will approve your application.

Once the information is saved, the deadline set by the university will be displayed on the My Forms page in the "Institution Deadline" column.

It is essential to submit your form before the establishment deadline.

**Employing and managing institution** 

Principal university affiliation

Department / Administrative Unit / School / Campus / CCTT

FRQS research centre, if applicable:

University title of the position that would be held as the recipient of the chair

# INFORMATION SEULEMENT

Taille (Ko)

Date

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#### **Eligibility**

File name

Are you currently a scholar-researcher?	
% of professional activities dedicated to research after receiving the scholarship. % of clinical activities	
Diplôme le plus récent :	
If other, specify	
Date d'attribution :	
Are there any particular situation is that have affected your research or training activities?	
Attach the required document is you answered "Yes in the Part sular situations box.	

Type of document

#### **Professional Orders**

Indicate if you are or will be a member of a professional order recognized in Québec. If you are not a member of any professional order, select "None". Please note that the answer to this question is mainly used to establish applicant profiles and not to determine the amount of the scholarship.

List of the candidate's professional orders

(The list is empty)

# POUR INFORMATION SEULEMENT

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#### Cocandidat

Designate a Cocandidat. This person is responsible, in conjunction with the principal investigator, for the scientific direction and the implementation of the project, the programming or the research infrastructure, as well as the administrative and financial aspects related to the grant.

The Cocandidat, in addition to being employed by a managing institution recognized by the FRQ, must meet the definition of one of the following research statuses (as defined in the FRO Common General Rules):

- University researcher
- Clinical university researcher

Please ensure that the cocandidat has given consent AND submitted an updated Canadian Common CV to the FRQ by the deadline.

The Canadian CV of the cocandidat and the attachment of the detailed contributions are required for you to submit your application. A notification is automatically sent to co-director upon registration advising of his involvement in your application. You can follow up at any time on the "My Forms" page, by clicking on the "View" link in the "Other Status" column for your file.

(The list is empty)

The applicant #1 is responsible to attach the required doc men to the applicant #2. Insert a document indicating



- Your university title as awardee of the Chaire
- If you are a research scholar

- Your devote time, the esea ch (50% and mo 3) a d yo devoted time of the chi cal tasks. Your Canad in relide, by stati, and if ou are ling in the province of Q ebec. Your last diploma with a law ded dat and a popy of the degree expolising your entibility of the prigram.
- Interruptions or situations which slowed down the research (1 page)

Maximum 3 pages are allowed.

File name	Type of document	Date	Taille (Ko)

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#### Title and research fields

#### Title

Indicate the title of your funding application.

\*Title

Must be in French

Only if your application is written in English, complete the field hereunder.

#### Title in English

#### Classification

A complete list of permitted values for the different drop-down lists used in the Fonds research classification system is available in the Documents section.

List, in order of priority, the research sector(s) to which your research activities belong.

\*Sector 1.

2.

3.

1

Indicate the research discipline(s) that best describe the resear 1.

\*Discipline 1.

Di cip ne z.

Indicate the main field f research to which you a plication elegation

\*I ield or rese rch

Indicate the research topics that apply to your application.

\*Rese irch topi 1.

Researc topi z.

Indicate the field and sub-field of ppli ation in which your research etivities

Field of application

Sub-field of application

Indicate six keywords, from the most general to the most specific, that best describe your research project or program.

\*Keywords

#### **Project Description**

Describe your objectives, your research program and the methodology you propose to undertake.

One (1) page maximum is allowed.

File name	Type of document	Date	Taille (Ko)

# POUR INFORMATION SEULEMENT

#### Other documents

Attach the supporting documents to your funding request. They will be added at the end of the form. **Only one file per type of document is allowed.** Make sure to use all the possible options to optimize the size of your documents (black / white, image size, Acrobat optimization options, etc.) furthermore, ensure that PDF documents are not protected and that they do not contain bookmarks..

Consult the <u>Presentation standards for files (PDF) attached to FRQnet forms</u> available in the **Documents** section of the FRQnet electronic portfolio to read all presentation instructions.

Consult the program rules to find out which documents are required according to your situation and what specific information to provide in each document. Any document not required will be withdrawn from the funding request for its evaluation by the scientific committee.

File name Type of document Date Taille (Ko)

## POUR INFORMATION SEULEMENT

#### Signature and submission

#### COMMITMENTS OF THE APPLICANT

I declare and warrant the following.

- 1. All the **information** contained in the application and all the information I shall subsequently provide related to this form or eventual funding (documents or further details required by the Fonds, reports, etc.) is and shall be **accurate and complete**. I shall notify without delay the FRQ of any changes to the information I entered.
- 2. I have read and agree to comply with the obligations set out in the **Common General Rules** of the Fonds de recherche du Québec (Fonds de recherche du Québec Nature et technologies, Fonds de recherche du Québec Santé, Fonds de recherche du Québec Société et culture, hereinafter the "FRQ") and in the *the FRQ's open access policy for the dissemination of research* (see the DOCUMENTS tab), as they are updated periodically, and meet the terms set out in the **Program rules** to which I am applying, as well as all other terms set out in the award letter and at the time the payments are made.
- 3. I have read and shall comply with the standards of ethics and integrity of the FRQ, including those set out in the set out in *Standards sur l'éthique de la recherche en santé humaine et l'intégrité scientifique* (see the DOCUMENTS tab), as it is periodically updated, and the ensuing obligations and subscribe to the best practices in my area of research.
- 4. I shall comply with the conditions for obtaining a research scholarship set out in section XII of the Health Insurance Act (RLRQ, c. A-29), including: 1-being domiciled in Québec, 2- having a working knowledge of the fich lar guage f Qu pec, an 13- ursu, g, for a university body or an institution, research in connection with one of the health sciences.
- 5. I have read and shall comply with the provisions of the *Pole v for the Responsible Conduct of esea ch* of the FRQ (see the DOCUMENTS tab), as it is periodically updated, as well as those set out in institutional policies with regard to the responsible conduct of research, as they apply to my research activities. In the event of a breach of responsible conduct of research allegation, I accept that the FRQ may exchange personal and confidential information concerning myself with the managing institution and the folk using organisations if applicable, in Canada or abroad their fine reial partners for the program to which the allegation relates; any institution concerned by the allegation; a Lany public research funding age cyclocerned by the legation. This information in yir rude: the allegation, he supporting documents, the review export set
- 6. I am not currently ineligible to receive funding from a Canadian or increasional research funding agency as the result of a substantiated case of breach.
- 7. I shall advise the Fonds to which I am submitting the application should I become ineligible to apply for funding or receive funding from a Canadian or international research funding agency as the result of a **su stantiate case of bre ch**. The continuation is any Fig. 1 furting may to a be considered by the FRQ Responsible Conduct of Research Committee.
- 8. I understand that **failure to comply with any of the economity ents** r ay ead to the with draw 1 of any apr lie tion from the r view process, or to the suspension, withdrawal, termination or even reimbursement of funding, or any other type of **administrative penalty** related to the privileges granted by the FRQ.

#### AUTHORIZATION REGARDING PERSONAL AND CONFIDENTIAL INFORMATION SUBMITTED AS PART OF THE APPLICATION PROCESS

The information entered on the funding application forms and all other forms relating to the management of eventual funding shall be treated confidentially and in accordance with the *Act respecting Access to Documents Held by Public Bodies and Protection of Personal Information* (CQLR c A-2.1, hereinafter *the Act*), as well as with the *Statement regarding the protection of personal and confidential information*, see the DOCUMENTS tab, hereinafter the "Statement").

• I have read the *Statement* and authorize the Fonds to keep, use and release all the personal and scientific information contained in my personal file, in accordance with the terms set out in the *Statement* and the *Act*, and on the condition that the individuals authorized to access my personal information undertake to treat it confidentially.

Identification

I accept:  $\bigcirc$  Yes

No

**Instructions** Step 1: Please validate the submission of your electronic form to make sure all sections needed are filled.

**Step 2**: Submit your electronic form at the FRQS, before the deadline.

IMPORTANT NOTICE: This is a final submission. No modification can be made after the submission.