

Name: File number: 324812

## 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 application form including all required documents must be submitted before the 01 December 2022 at 16:00.

It is important to carefully read the program rules (program web page), the Common General Rules (CGR) 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 FRQnet forms</u> available in the **Documents** of the FRQnet Electronic Portfolio for complete presentation instructions.

Fields marked with an asterisk (\*) are mandatory. In all sections of the form with a "Save" button, it is important to save the information on the page before clicking the "Validate the page" button.

The "Validate submission" button in the **Signature and sub ission** s tio allows you a leck whether the required information is complete.

## INFORMATION SEULEMENT

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## **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

## **CONTACT INFORMATION**

The information is displayed for consultation purposes only and comes from the **My Profile** page of the FRQnet Electronic Portfolio. If the information is missing or incorrect, please edit it on the **My Profile** page (for the **Address Type** field, you must select **Primary Affiliation Address**).

## POUR INFORMATION E-mail:

Canadian res tency st tus

Are you currently domiciled in tué ec within the meaning of the Cuébec Health Insurance Act?

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

If you have been demiciled in Québec for I used to be domiciled in Quebec and I left only for my studies.

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

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

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

I have been domiciled in Québec for less than 6 months and I was not domiciled there before.

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## **Training environment**

Identify the institution where the project will be carried out.

**Main Institution** 

University

Faculty / School

Department

City

Indicate your level of education at the time of the program de inno Note that the eligible candidates are doctoral students and possible to all ellows.

Level of study

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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 research.

\*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 poli 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

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## Project or program description

Attach a document describing the project considering the objectives of the program, the evaluation criteria and according to the instructions presented in the program rules.

The document, of no more than 2 MB, must contain a maximum of two (2) pages (including references, tables, figures and graphs) and be attached in a PDF format.

File name	Type of document	Date	Taille (Ko)

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## **Ethics**

Indicate if your research Project involves:				
*Check your choice	☐ Participation of human beings.			
	The use of human biological material (parts, products, tissue, cells, genetic materials, derived from a living or dead individual).			
	Assisted procreation activities or the use of human embryos derived therefrom, within the meaning of the Act respecting clinical and research activities relating to assisted procreation (CQLR c. A-5.01).			
	☐ The use of administrative, scientific or descriptive data from human participants.			
	☐ Use of experimental animals, or animal parts, products or tissue.			
	□ None of the above.			
Environmental risk  This section will not be available to the evaluation commit to a fit informs on equest die at relevant to the evaluation of the funding application or required by the program, it should be repeated elsewhere in the funding application.  * Indicate the level of environmental risk associated with the research (consult « Environmental Responsibility » for more information ):  A) Minimal risk the civironmental impact does not ciceed to ir pact of day-to-day human impact does not ciceed to ir pact of ac vity. In he want of funcing you will need to specify the little ation must be easily earlier to comply with egal requirements.				
Consideration of gender and sex  This section will not be available the even mation of amittees. If he information equest the even the even the program, it should be repeated elsewhere in the funcing application.				
*Indicate whether the research involves gender or sex-based analysis (see article 5.5 of the Common General Rules for more information) :	<ul> <li>☐ Yes, the notion of gender (sociocultural aspects) is taken into account.</li> <li>☐ Yes, the notion of sex (biological aspects) is taken into account.</li> </ul>			
Describe how the research takes into account the notion of gender or sex. If it does not, explain why.	□ No, the research does not take into account the notion of gender or sex.			

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## **Abstract**

Should funding be granted, I agree to allow the FRQ to publicly release the lay abstract and title on this page in whole or in part and by any means (Web site, Facebook, Twitter, etc.).

Accordingly, I am not including personal information or confidential or protected information whose release may compromise a patent filing or publication request.

The FRQ shall comply with all applicable copyright laws, in particular by referring to the author. The FRQ reserve the right to edit the text without notice before releasing it.

O Yes O No

## Abstract for a general audience

Provide an abstract in language that can be understood by the public.

\*Abstract in French

## POUR

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

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## **Budget**

For each eligible expense category, indicate the expected amount of expenses. Click on the link below for an overview of all eligible expenses.

Refer to the program rules for the maximum amount allowed and for details on eligible expenses.

Overview of eligible expenses

(The list is empty)

ATTACHED FILE – Justification of planned expenses

Attach a PDF document in which you present the planned expenses for each category of funding, specifying the amounts and the type of expenses.

A maximum of one (1) page is permitted.

INFORMATION.

aille (Ko)

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## 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)

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## 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. The Co-Investigators who will contribute to the research project and the other project collaborators listed in my application, if applicable, have confirmed their commitment to the research project and authorized me to provide their personal and confidential information.
- 3. 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 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 or grant letter and at the time the payments are made.
- 4. 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.
- 5. I have read and shall comply with the provisions of the *Pocy for to Responsible Conduct of Responsible Conduct*
- 6. I am not currently in ligible to relieve inding from a Ca adia or ternalion less chifinding gency the relit of a substantiated ca. 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 **substantiated case of breach.** The continuation of any FRO funding may then be considered by the FRQ Responsible Conduct of Research Committee.
- 8. I understand that **failure to comply vitl** any of the second mits ents may ead to the wind raw 1 of my application to me the review process, or to the suspension, withdrawal, termination or even rimbs seem at of finding or any over two or admir structure, pen two steeds to the privile, es 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.

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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.