



## 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 [Presentation standards for PDF attachments to FRQnet forms](#) available in the **Documents** 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 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 submission** section allows you to check whether the required information is complete.

Name:

File number: 324343

## 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](mailto: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 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**).

Adresse :

Courriel :

Canadian residency status

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

Yes  No

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 following options:

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

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## Eligibility - BOC

Are you currently a scholar-researcher?  Yes  No

Have you been awarded a grant as principal investigator?  Yes  No [?](#)

Please identify the type of research that you are applying for. Please refer to the program outline for further details concerning the various research components.

**Research component**

Clinical and epidemiological  
 Fundamental  
 Health and Society  
 Health and Technology

% of professional activities dedicated to research after receiving the scholarship  
 % of clinical activities

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Diplôme le plus récent :

If other, specify

Date d'attribution :

Are there any particular situations that have affected your research or training activities?  Yes  No

If yes, please indicate in the attached document.

One (1) page maximum is allowed.

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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.

4.

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

**\*Discipline 1.**

Discipline 2.

Indicate the main field of research to which your application belongs.

**\*Field of research**

Indicate the research topics that apply to your application.

**\*Research topic 1.**

Research topic 2.

Indicate the field and sub-field of application in which your research activities take place.

**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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## Host environment

**Affiliation départementale et universitaire du poste qui est, ou sera occupé, à titre de chercheur-boursier**

La liste des établissements est limitée aux établissements gestionnaires reconnus par les FRQ, incluant principalement les universités et les CIUSSS. L'établissement gestionnaire de l'octroi est généralement l'établissement employeur du candidat.

La liste actuelle des établissements gestionnaires est disponible à la page [Établissements reconnus pour gérer du financement](#).

L'affiliation universitaire principale désigne l'université qui approuvera votre candidature et le présent formulaire. Une fois l'information sauvegardée, la date limite fixée par l'université sera maintenant affichée à la page Mes formulaires dans la colonne "Date limite de l'établissement". **Il est essentiel de transmettre votre formulaire avant la date limite de l'établissement.**

Employing and managing institution

Principal university affiliation

Department / Administrative Unit / School /  
Campus / CCTT

FRQS research centre, if applicable :

University title used as scholar-researcher

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## 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)

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## Program summary

Summarize the objectives, methodological approach and relevance of the proposed work.

One (1) page maximum is allowed.

File name	Type of document	Date	Taille (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 [Presentation standards for files \(PDF\) attached to FRQnet forms](#) 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. 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 official language of Québec, and 3- pursuing, 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 *Policy for the Responsible Conduct of Research* 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 following organisations, if applicable, in Canada or abroad: their financial partners for the program to which the allegation relates; any institution concerned by the allegation; and any public research funding agency concerned by the allegation. This information may include: the allegation, the supporting documents, the review report, etc.
6. I am not currently ineligible to receive funding from a Canadian or international 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 **substantiated case of breach**. The continuation of any FRQ funding may then be considered by the FRQ Responsible Conduct of Research Committee.
8. I understand that **failure to comply with any of these commitments** may lead to the withdrawal of my application from the review 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.

Name:

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**Identification**

**I accept:**  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.