

Registration

THIS IS A DEFAULT ENGLISH VERSION OF THE FORM. 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” tab and change the display language in the upper right corner of the screen.

The application form including all required documents must be submitted before **06 October 2022 at 16:00**.

This form is only intended for **Canadian citizens or permanent residents of Canada**. If you do not have Canadian citizenship or permanent residence in Canada, you must choose the **Postdoctoral Training - Citizens of other countries** program 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.

Your supervisor's form must be submitted before you can submit your application. You can follow up at any time on the **My forms** page, by clicking on the link in the "Other statuses" column.

It is recommended that you validate the contents of your form well in advance of the deadline to allow you to make any necessary corrections. The « Validate Form » button is located at the bottom of the « Signature and Submission » section.

In all sections of the form with a Save button, it is important to save the information on the page before clicking the Validate Page button.

Name:

File number: 324121

Renewal

You are not eligible for a renewal if you have already received 3 or more years of postdoctoral fellowship since the initial offer of the fellowship, regardless of the granting agency.

Make sure you apply for a renewal under the same program as your initial application, even if your citizenship or residency status has changed since your first application (e.g., you originally applied to the **Postdoctoral Training – CITIZENS OF OTHER COUNTRIES** program and you have since become a Canadian citizen or permanent resident. You must still apply for renewal under the **Postdoctoral Training – CITIZENS OF OTHER COUNTRIES** program.)

Renewal Yes No

*Application file number

Describe the research results obtained since obtaining this fellowship.

A 1-page PDF document is allowed.

POUR
INFORMATION

File name	Type of document	Date	Taille (Ko)
-----------	------------------	------	-------------

SEULEMENT

Name:

File number: 324121

Applicant

IDENTIFICATION

The information below is from the **My profile** section (main menu) but the user may modify his/her first and last names. If you would like to make changes, please send an e-mail to: **centre.assistance.sante@frq.gouv.qc.ca**. Include the e-mail address that is linked to your user account and the information you would like to change.

Last 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**).

Adress:

POUR
INFORMATION
-mail:
SEULEMENT

Name:

File number: 324121

Pre-eligibility

I have read the rules of the program for which I am applying.

I certify that I have a Régie d'assurance maladie du Québec (RAMQ) card that is valid at the competition deadline or proof of application for a RAMQ card and that the card will be valid at the competition deadline or proof of eligibility for the health insurance plan of another Canadian province covering the competition deadline (except for a renewal application).

At the competition deadline, I will be working on my doctorate or I will have received my doctoral degree within the last two years (date of issue).

On March 1 of the year following the announcement of the results, I will have made my initial thesis submission or received my degree.

I certify that I have never received another postdoctoral research fellowship from a Québec or Canadian granting agency.

I certify that the person(s) designated to supervise or co-supervise my fellowship did not supervise or co-supervise my doctoral research, nor are they affiliated with the institution(s) where I carried out my doctoral studies.

I certify that the institution(s) I have chosen for my postdoctoral research is (are) different from (and not attached to) the one that awarded or will award my doctoral degree, and my co-supervisory or cotutelle institution, where applicable.

I understand that it is my responsibility to ensure that the person(s) designated to supervise or co-supervise my postdoctoral fellowship submit their forms before the competition deadline.

I understand that I must attach a Canadian Common CV and recently updated detailed contributions file in my E-portfolio, Canadian Common CV section. The Canadian Common CV must have been updated within the 12 months prior to the competition deadline.

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 your answer is **Yes** to the question above “Are you currently domiciled in Québec within the meaning of the Québec health insurance Act?”, please attach a copy of your Régie d'assurance maladie du Québec (RAMQ) card or proof of your eligibility for RAMQ.

If your answer is **No** to the question above “Are you currently domiciled in Québec within the meaning of the Québec health insurance Act?”, and if you have Canadian Citizen or Permanent Resident status, please attach a proof of your eligibility for the health insurance plan of another Canadian province covering the deadline for the program.

The document must contain a maximum of 5 pages, be clearly readable and be attached in PDF format.

File name	Type of document	Date	Taille (Ko)

Name:

File number: 324121

Internship information

INTERNSHIP INFORMATION

Start date of the postdoctoral course (Year /Month)

Identify the place where the research or training concerned by the application for a training award will be carried out, as well as the place of co-supervision, if applicable.

Institution and university can be the same. If the host institution is not a university, enter "No university affiliation" in the "University" field.

Name of laboratory / center / research team

*Institution

*University

Faculty / School / Departement

City

Country

Place of cosupervision, if applicable

POUR
INFORMATION
SEULEMENT

Name:

File number: 324121

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.

If the research project involves artificial intelligence, enter "IA" in the keywords.

***Keywords**

Select the most appropriate evaluation committee to evaluate your application. For administrative reasons, the Fonds reserves the right to change your choice of committee.

For a complete description of the fields of expertise of each committee, refer to the document "Comités_évaluation_expertise" available in the [Documents](#) menu of the blue navigation bar at the top of this page.

Name:

File number: 324121

*Choice of committee

Name:

File number: 324121

Project summary

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.

Yes No

Abstract for a general audience

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

***Abstract in French**

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

Abstract in English

POUR
INFORMATION
SEULEMENT

Name:

File number: 324121

Academic background

List of university studies

Indicate completed, uncompleted, and current university studies, if any. If you are registered in many institutions for a given program, indicate the one delivering the degree.

Note: If your grade point average cannot be formatted as a number or if you have no grade yet, please enter 999 in the appropriate field.




(The list is empty)

Official transcripts

All your university transcripts must be attached to the application, whether the studies were completed or not. Only official transcripts are accepted. Please refer to the program rules to learn about FRQ's requirements for transcripts.

Transcripts from institutions outside North America must be accompanied by a letter explaining the grading system used by the institution in question.

Transcripts in a language other than French or English must be accompanied by a professional translation certified as a true copy of the original.

The transcripts and, if necessary, the letter explaining the grading system must be scanned and combined in a single PDF document (maximum 50 pages). They must be in vertical (portrait) orientation and arranged in chronological order starting with the most recent. Your PDF document must not be read protected or have any special configuration such as:  Signets  Pièce jointe  Paramètres de sécurité

If you are unable to provide one or more transcripts, please refer to the program rules to learn what documents you must include. Any such documents must be attached in this section.

File name	Type of document	Date	Taille (Ko)

Name:

File number: 324121

Integrated presentation of academic background

You must present your background in an integrated manner, establishing links between your experiences and interests on the one hand, and your career and education choices on the other. This section must provide the evaluation committee with a good understanding of your background.

A 1-page PDF document is allowed.

File name	Type of document	Date	Taille (Ko)
-----------	------------------	------	-------------

POUR
INFORMATION
SEULEMENT

Name:

File number: 324121

Interruption or slowing down of research

This section allows you to identify, if applicable, circumstances that may have slowed down or delayed your studies or research activities (work, part-time studies, parental leave, family obligations, illness, disability, etc.).

The description should include the reasons and start and end dates of the interruptions or slowdown periods and their impact, where applicable (e.g., on publications, participation in research projects, travel outside Québec, etc.).

In order to properly complete the field relating to the impacts of COVID, if applicable, consult the document « [Considering the impacts of the COVID-19 pandemic in the evaluation](#) ».

**Circumstances specifically related to the
COVID-19 pandemic**

**Other circumstances (not related to the
pandemic)**

POUR
INFORMATION
SEULEMENT

Name:

File number: 324121

Doctoral thesis

***Is this a direct passage from the baccalaureate to the doctorate or an accelerated passage from the master's to the doctorate?** Yes No

***Last name of the thesis supervisor**

***First name of the thesis supervisor**

Name of the research group, centre or institute if applicable

Department

***Home institution**

Last name of the thesis cosupervisor

First name of the thesis cosupervisor

Name of the research group, centre or institute if applicable

Department

Home institution

***Have you already obtained your doctorate degree?** Yes No

***If Yes, specify the date of obtention. If not, enter the actual or expected date of submission of your thesis**

Title of Ph.D. thesis

Summary of the Ph.D. thesis

Status of the Ph.D. thesis

Link between the topic of the Ph.D. thesis and the postdoctoral research project

POUR
INFORMATION
SEULEMENT

Name:

File number: 324121

Research project

Describe the research project and specify its originality and potential to contribute to the advancement of knowledge, the clarity and coherence of the research issue, the relevance of the methodology, and the feasibility of the project and the realism of the schedule.

If applicable, also specify the consideration of equity, diversity and inclusion (EDI) principles in the project, and/or its potential to contribute to societal issues, including those set out in the United Nations Sustainable Development Goals (SDGs). If this does not apply to the project, justify it briefly.

If it is a **renewal application**, describe **ONLY** the achievements of the next year in relation to the initial application.

A maximum of two (2) pages is allowed.

File name	Type of document	Date	Taille (Ko)
-----------	------------------	------	-------------

POUR
INFORMATION
SEULEMENT

Name:

File number: 324121

Bibliography

List the complete references of sources used in the project description. Do not add any other information in this section.

A maximum of one (1) page is allowed.

File name	Type of document	Date	Taille (Ko)
-----------	------------------	------	-------------

POUR
INFORMATION
SEULEMENT

Name:

File number: 324121

Host environment

PERSONNE(S) ASSURANT LA SUPERVISION DU STAGE

Identifier la personne ou les personnes qui superviseront principalement la recherche postdoctorale.

À la sauvegarde, un courriel leur sera transmis et un formulaire s'ajoutera automatiquement dans leur Portfolio électronique FRQnet, section **En tant que directeur(-trice), superviseur(e) ou mentor**.

Toutes les personnes identifiées ci-dessous doivent compléter et transmettre le formulaire avant la transmission de la présente demande. Vous pouvez effectuer un suivi en tout temps à la page **Mes formulaires**, en cliquant sur le lien de la colonne « Autres statuts » pour votre dossier.

Si la personne a un compte FRQnet actif, vous devez indiquer l'adresse courriel liée à ce compte. Si elle n'a pas de compte FRQnet, vous devez lui demander d'en créer un avant de pouvoir l'ajouter dans cette section.

Le superviseur ou la superviseuse qui avait un NIP des Fonds de recherche du Québec dans l'ancien système doit l'utiliser pour accéder au nouveau système FRQnet et activer son compte.

Il est important d'indiquer son adresse liée à ce compte pour qu'il ou elle puisse y retrouver le formulaire à compléter.

(The list is empty)

Last name	E-mail address	Rôle	Département	Affiliation universitaire québécoise
POUR				

JUSTIFICATION DE LA PERTINENCE DU MILIEU D'ACCUEIL

Vous devez justifier la qualité et la pertinence du milieu d'accueil pour la réalisation de votre projet, incluant l'environnement à votre disposition pour votre développement et la réalisation du projet. Vous devez également décrire la valeur ajoutée du milieu d'accueil pour le développement de votre plan de carrière.

Le cas échéant, démontrer l'apport du lieu de cosupervision.

Nous vous rappelons que pour utiliser une bourse postdoctorale en dehors du Québec, il faut posséder une carte de la RAMQ valide ou une preuve attestant qu'une carte a été demandée à la RAMQ et que sa validité ouvrira la date limite du concours En savoir la citoyenneté canadienne au moment du dépôt de la demande.

Pour une **demande de renouvellement**, compléter cette section **UNIQUEMENT** si le milieu d'accueil a changé depuis la demande initiale de bourse. Si votre milieu d'accueil est demeuré inchangé, veuillez attacher une page portant la mention « non applicable ».

Un document en format PDF de 2 pages est permis.

MESURE D'EXCEPTION :

Si vous souhaitez vous prévaloir d'une des mesures d'exception prévues aux règles du programme pour faire le stage postdoctoral dans la même université que le doctorat, vous devez joindre une lettre explicative en format PDF de 1 page dans la présente section. Cette lettre sera acheminée au comité d'évaluation.

Les pièces justificatives appuyant cette demande d'exception (attestation médicale, reconnaissance de handicap, etc.) doivent quant à elles être jointes dans la section « Autres documents ». Elles ne seront pas transmises au comité d'évaluation.

Consulter les règles du programme afin de bien prendre connaissance des conditions relatives à cette mesure d'exception concernant le choix du milieu d'accueil.

Name:

File number: 324121

File name	Type of document	Date	Taille (Ko)
-----------	------------------	------	-------------

Name:

File number: 324121

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

Name:

File number: 324121

Thematic Networks - FRQS

Specify if you are a member of one or more FRQS thematic networks (maximum 3). If you are not a member of any FRQS thematic network, select "None".

* List of the applicant's thematic networks

(The list is empty)

POUR
INFORMATION
SEULEMENT

Name:

File number: 324121

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.

Consideration of gender and sex

This section will not be available to the evaluation committees. If the information requested here is relevant to the evaluation of the funding application or required by the program, it should be repeated elsewhere in the funding application.

***Indicate whether the research involves gender or sex-based analysis (see article 5.5 of the Common General Rules for more information):**

- Yes, the notion of gender (sociocultural aspects) is taken into account.
- Yes, the notion of sex (biological aspects) is taken into account.
- No, the research does not take into account the notion of gender or sex.

Describe how the research takes into account the notion of gender or sex, if it does not, explain why.

Name:

File number: 324121

Partnerships

The Fonds offers a number of awards in collaboration with partners.

To be considered for an award in partnership, you must select one or more partnership agreements among those available. The choices you make in no way affect your application to the regular program. Indicate the order of priority in which you would like your choices to be considered. If you only select one, indicate the priority as 1.

By choosing to be considered for an award in partnership, you agree that the partner communicates with you for activities related to the award.

[Click here](#) for a detailed list of partnership agreements that may correspond to the program in which you are applying. You can refer to the program rules for more details.

If no partnership agreements correspond to your application, select “None”.

List of the selected partnership agreements

(The list is empty)

POUR
INFORMATION
SEULEMENT

Name:

File number: 324121

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)
-----------	------------------	------	-------------

POUR
INFORMATION
SEULEMENT

Name:

File number: 324121

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 *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 reports, 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 FRO 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:

File number: 324121

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.