

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” tab and change the display language in the upper right corner of the screen.

Le formulaire de demande incluant tous les documents requis doit être transmis au Fonds avant le **01 March 2023 at 16:00**. Les champs marqués d'un astérisque (*) sont obligatoires.

Il est important de lire attentivement les règles du programme ([page Web du programme](#)), les règles générales communes ([RGC](#)) ainsi que toute la documentation pertinente avant de commencer à remplir ce formulaire, en particulier les conditions d'admissibilité.

Vous devez vous assurer d'utiliser le formulaire correspondant au programme choisi. En cas d'erreur, vous devrez abandonner la demande et en recommencer une nouvelle.

Consulter les [Normes de présentation des fichiers joints \(PDF\) aux formulaires FRQnet](#) disponibles dans la section **Documents** du portfolio électronique FRQnet pour prendre connaissance de toutes les instructions de présentation.

Dans toutes les sections du formulaire où un bouton « Sauvegarder » est présent, il est important de sauvegarder les informations de la page avant de cliquer sur le bouton « Valider la page ».

POUR
INFORMATION
SEULEMENT

Name:

File number: 337625

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.

NIP

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

E-mail:

SEULEMENT

Name:

File number: 337625

Pre-eligibility

I am enrolled full time in a doctoral research program at a Québec university and I have completed three full-time semesters.

I certify that, at the competition deadline, I will have one of the following statuses:

- A) 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**
- B) I have been enrolled at a Québec university for at least 2 full-time semesters (or equivalent) during the 3 semesters prior to the competition deadline. The current semester is not included in the calculation.

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

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 answered Yes to the question "Are you currently domiciled in Québec within the meaning of the Québec Health Insurance Act?", you must attach a copy of your health insurance card (RAMQ card) that is valid at the competition deadline or proof that you have applied for a RAMQ card and that the card will be valid at the competition deadline.

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

File name

Type of document

Date

Taille (Ko)

Name:

File number: 337625

University record

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: 337625

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**

Name:

File number: 337625

Training environment

Veillez identifier votre lieu actuel de formation.

Main Institution

University

Faculty / School

Department

City

Diploma targeted

Full name of the study program

Web page address of the study program

Specialization

Discipline

Date of the first registration to the curriculum (MM/DD/YYYY)

Anticipated end date of the curriculum (MM/DD/YYYY)

Code permanent émis par les autorités gouvernementales québécoises

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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)**

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Name:

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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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POUR
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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. 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: 337625

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.