



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 **05 October 2023 at 16:00**. Fields marked with an asterisk (*) are mandatory.

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 in the page before clicking the Validate page button.

POUR
INFORMATION
SEULEMENT

Name:

File number: 340155

Applicant

IDENTIFICATION

The information below is from the **My profile** section (main menu). 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

MAILING ADDRESS

This 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, you can change it on the **My Profile** page: select **Home address** for the **Address type** field.

Home address

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Pre-eligibility

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

À la date de clôture du concours, j'atteste que je serai dans l'une des situations suivantes :

a) Je détiens la citoyenneté canadienne ou la résidence permanente canadienne ET une carte de la Régie de l'assurance maladie du Québec (RAMQ) valide à la date limite du concours, ou une preuve attestant qu'une carte a été demandée à la RAMQ et que sa validité couvrira la date limite du concours. Si je remplis ces deux conditions, je comprends que je peux effectuer mon stage postdoctoral hors Québec;

OU

b) Si l'une des deux conditions ci-dessus n'est pas remplie, je comprends que cela m'engage obligatoirement à effectuer mon stage postdoctoral dans un établissement universitaire québécois.

À la date de tombée du concours, mon diplôme professionnel universitaire en santé humaine sera en cours de réalisation ou j'aurai obtenu diplôme professionnel universitaire en santé humaine.

Au 1er mars de l'année suivant l'annonce des résultats, j'aurai reçu mon diplôme.

J'atteste n'avoir reçu aucune autre bourse de formation post-diplôme professionnel universitaire d'un organisme subventionnaire québécois ou canadien.

Concernant le ou les établissements choisis pour effectuer ma recherche post-diplôme professionnel, j'atteste qu'ils respectent une des conditions suivantes :

A) Se trouvent obligatoirement au Québec si je n'ai pas de carte RAMQ;

OU

B) Se trouvent soit au Québec soit hors Québec si je suis citoyen canadien ou résident permanent.

I understand that it is my responsibility to ensure that the person(s) designated to supervise or co-supervise my postdoctoral fellowship submit their acceptance e-form 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

À la question « **Déterminez-vous une carte d'assurance maladie du Québec?** » :

- Si vous avez répondu « Oui », **vous devez obligatoirement** joindre une copie de votre carte d'assurance maladie valide à la date limite du concours ou une preuve attestant qu'une carte a été demandée à la RAMQ et que sa validité couvrira la date limite du concours. Le document doit contenir un maximum de 5 pages et être joint en format PDF.
- Si vous avez répondu « Non », **vous ne pouvez pas joindre** une copie de votre carte d'assurance maladie ni une preuve attestant qu'une carte a été demandée à la RAMQ. Cela signifie que, pour être admissible à ce programme de bourse d'excellence, vous devez effectuer votre stage postdoctoral dans un établissement universitaire québécois.

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Internship information

INTERNSHIP INFORMATION

Start date of the post-professional 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

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Title and research fields

Title

Indicate the title of your funding application.

***Title**

Must be in French

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.

***Choice of committee**

Name:

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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

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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.

(The list is empty)




RELEVÉS DE NOTES OFFICIELS

Vos relevés de notes officiels du diplôme professionnel universitaire en santé humaine doivent être joints à la demande, que les études aient été terminées ou non. Seuls les relevés de notes officiels sont acceptés. Vous devez vous référer aux règles du programme pour savoir ce qui rend un relevé de notes officiel.

Les relevés de notes obtenus à l'extérieur de l'Amérique du Nord doivent être accompagnés d'une lettre expliquant le système de notation en vigueur dans l'établissement concerné.

Les relevés de notes émis dans une autre langue que le français ou l'anglais doivent être accompagnés d'une traduction professionnelle certifiée conforme à l'original.

Les relevés de notes et, le cas échéant, la lettre expliquant le système de notation en vigueur, doivent être regroupés en un seul document numérisé en format PDF (50 pages maximum). Ils doivent être en orientation verticale et classés par ordre chronologique en commençant par le plus récent. Votre document en format PDF doit ne comporter aucune protection de lecture ni de configuration spéciale en double onglet, en plein page, etc.

 Signets  Pièce jointe  Paramètres de sécurité

Si vous n'êtes pas en mesure de fournir un ou plusieurs relevés de notes, vous devez vous référer aux règles du programme pour prendre connaissance des documents à fournir. Le cas échéant, ces documents doivent être joints dans la présente section.

File name	Type of document	Date	Taille (Ko)

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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. No rating is assigned to this element.

A 1-page PDF document is allowed.

File name	Type of document	Date	Taille (Ko)
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Research project

Describe the research project, highlighting its originality, potential to contribute to the advancement of knowledge, the clarity and coherence of the research problem, the relevance of the methodology, the feasibility of the project and the realism of the time frame.

A 3-page PDF document is allowed.

File name	Type of document	Date	Taille (Ko)
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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.

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Host environment

PERSONNE(S) ASSURANT LA SUPERVISION DU STAGE

Identifier la personne ou les personnes qui superviseront principalement la recherche post-diplôme professionnel.

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.

ATTENTION : Le formulaire d'acceptation d'encadrement est obligatoire pour toutes les personnes candidates.

(The list is empty)

Last name	E-mail address	Rôle	Département	Affiliation universitaire québécoise
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JUSTIFICATION ET 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 post-diplôme professionnel 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 couvrira la date limite du concours ET avoir la citoyenneté canadienne ou la résidence permanente au moment du dépôt de la demande.

Un document en format PDF de 2 pages est permis.

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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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Responsible research

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.

Consideration of sex and gender – Declaration

In order to meet [Health Canada recommendations](#), sex- and gender-based analyses should be included in research on therapeutic products (medical devices, genetic therapies, natural health products, pharmaceuticals, biologics and radiopharmaceuticals).

***Indicate if the research concerns a therapeutic product.** Yes No

If you answered «Yes» to the previous question, indicate whether the research considers sex or gender.

- Yes, the research takes into account sex (biological aspects) or gender (sociocultural aspects).
 No, the research does not take into account sex or gender.
 Not applicable.

POUR

Indicate if your research Project involves:

***Check your choice.**

- Recherche impliquant de «êtres humains» (participation directe ou utilisation de matériel biologique humain ou de données concernant des êtres humains).
 Recherche avec des animaux.
 None of the above.

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***I understand that approvals may be required before starting the research.** Yes No

Éthique de la recherche – Demande d'accès aux données

***Indiquer si la recherche implique une demande d'accès aux données concernant des êtres humains, détenues par un organisme public québécois (ex.: ministère, établissement de santé).** Yes No

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Name:

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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)

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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.

If the files attached to the form are in English, you can include an English title and summary to facilitate the recruitment of evaluation committee members.

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 own all rights to the content of this application and take full responsibility for it. Where applicable, these responsibilities are shared with my co-researchers.
4. 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 Dissemination Policy** (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.
5. 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.
6. 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.
7. 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**.
8. 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.
9. 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”).

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- 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: 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.