



Identification

Mentor Identification

The mentor has to complete and submit the mentoring plan to the FRQS before the institution deadline which is available on the page "As a director, supervisor or mentor", column "Your institution's deadline".

PIN

User account

Name

Candidate Identification

The following information from the candidate's application form is posted for reference purposes only.

Candidate PIN

Candidate Name

Title of the research project

Program Name Clinical Research Scholars

Deadline

POUR
INFORMATION
SEULEMENT

Name:

File number: 340225

Mentorship

Attach here the mentoring plan for the 1st year of the award with a view over 4 years.
A PDF document of two (2) pages (size 8 1 / 2 x 11) is allowed.

File name	Type of document	Date	Size (KB)
-----------	------------------	------	-----------

POUR
INFORMATION
SEULEMENT

Name:

File number: 340225

Signature and submission

FORM FOR MENTORS

1. I certify that the information that I have provided and shall provide regarding this application or an eventual grant is accurate and complete.
2. I agree to advise and guide the candidate in his/her career and research program as outlined in the mentoring plan.
3. If the applicant is required to use the award in Quebec in accordance with the **Common General Rules** (see the "DOCUMENTS" tab), I confirm that, if granted, the applicant will pursue his or her research activities with a continuous physical presence in Quebec.
4. In my role as mentor, I shall adopt a responsible conduct in research, comply with the generally accepted standards of ethics and integrity and support and encourage the applicant with regard to his/her commitment to the ethical and responsible conduct of research. These standards are outlined in the **Common General Rules**, in the **FRQ's Open Access Dissemination Policy**, in the **Policy for the Responsible Conduct of Research** of the FRQ, in the **Standards du FRQS sur l'éthique et de la recherche en santé humaine et intégrité scientifique**, as they are periodically updated (see the DOCUMENTS tab) and in the policies of the institutions with which the applicant and I are affiliated.
5. 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: my 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 understand that the information that I have provided and shall provide to the Fonds shall be treated in accordance with the Act respecting Access to Documents Held by Public Bodies and the Protection of Personal Information (CQLR c A-2.1) as well as with the **Statement regarding the protection of personal and confidential information** (see the DOCUMENTS tab).
7. I understand that, in accordance with the Act, the applicant may request to access the information contained in his/her FRQ file. I understand that all the information I shall provide to the FRQ in relation to his/her application, including my own personal information, may be accessed by the applicant upon his/her request.

Identification

I hereby agree: 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 institution deadline.

IMPORTANT NOTICE: This is a final submission. No modification can be made after the submission.