

## 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.**

Prendre connaissance des règles du programme ([page Web du programme](#)) et des règles générales communes ([RGC](#)) afin de vérifier les conditions d'admissibilité et de remplir adéquatement le formulaire. **Assurez-vous de répondre aux critères d'admissibilité.**

Consulter les [Normes de présentation des fichiers joints \(PDF\) aux formulaires FRQnet](#) pour prendre connaissance de toutes les instructions de présentation.

**ATTENTION : Assurez-vous d'utiliser le formulaire correspondant au programme de bourse choisi.** En cas d'erreur, vous devrez abandonner la demande et en recommencer une nouvelle. Notez qu'il peut exister plus d'un formulaire pour un même programme lorsque divers volets sont disponibles.

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: 339450

## 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: [correction.sc@frq.gouv.qc.ca](mailto:correction.sc@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

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 **Primary Affiliation Address** for the **Address type** field.

**Adress:**

POUR  
INFORMATION  
SEULEMENT

-mail:

Name:

File number: 339450

## Pre-eligibility

I certify that during my internship, I will be enrolled as a full-time student in a master's or doctoral research or research-creation program at a Québec university.

I certify that funding for this internship is not part of/a requirement for graduation in my program.

I certify that my internship host is a public, parapublic, community or private sector organization located in Québec.

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

Je comprends que le stage ne peut servir de terrain de recherche au projet de recherche du mémoire ou de la thèse (p. ex. cueillette de données, entrevues, réalisation de la portion création, etc.).

Je confirme que mon établissement ou mon milieu de stage sera en mesure de m'offrir une couverture d'assurance pendant la durée de mon stage. En cas de non-couverture, je confirme prendre la responsabilité de souscrire à une assurance privée.

### 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

POUR

INFORMATION  
SEULEMENT

Name:

File number: 339450

## Title and research fields

### Title

Indicate the title of your funding application.

**\*Titre du projet**

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 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 six keywords, from the most general to the most specific, that best describe your research project or program.

**\*Keywords**

POUR  
INFORMATION  
SEULEMENT

Name:

File number: 339450

## Program / Host organization

\*Nom de la personne qui dirige votre mémoire ou votre thèse

400 caractères

Indiquer le lieu de votre programme actuel de maîtrise ou de doctorat (celui précisé ci-dessous sous Diplôme postulé).

\*Nom de l'université :

Department / Administrative Unit / School /  
Campus / CCTT

City

Country

Toujours pour votre programme actuel de maîtrise ou de doctorat, répondre aux questions suivantes. Puis, indiquer la date de début et la durée du stage en milieu de pratique qui fait l'objet de cette demande.

Degree sought

Specialization

Discipline

Date de début du programme actuel (le  
maîtrise ou doctorat) (année/mois)

Expected date of program completion (year  
month)

Durée du stage (en mois)

Date de début du stage (année/mois)

\*Is it a direct-entry program (bachelor's to  
doctorate)?  Yes  No

\*Nom du superviseur de stage

\*Prénom du superviseur de stage

Département ou fonction

\*Milieu de stage (entre parenthèses après  
le nom, indiquer le type : entreprise;

Name:

File number: 339450

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OBNL; ministère ou org. public; autre)

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Name:

File number: 339450

## Description de la nature du stage

Décrire le stage proposé en prenant soin de répondre aux critères d'évaluation suivants :

**- Projet de stage (50 points)**

Objectifs et pertinence du stage;

Adéquation entre le programme d'études et le stage;

Valeur ajoutée du stage pour le milieu d'accueil et pour la personne candidate (en regard de sa formation en recherche).

**- Calendrier des réalisations (25 points)**

Pertinence des activités prévues;

Calendrier de réalisations : réalisme et faisabilité du projet de stage (incluant une description des activités anticipées et du nombre d'heures prévues dans le milieu d'accueil).

**- Milieu d'accueil et encadrement (25 points)**

Qualité du milieu d'accueil (expertises présentes, réseautage, accès à des ressources matérielles, documentaires, financières ou autres, etc.);

Modalités prévues d'encadrement.

Le document, d'au plus 2 Mo, doit contenir un maximum de (3) pages, être bien lisible et être joint en format PDF.

POUR

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

SEULEMENT

Name:

File number: 339450

## 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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POUR  
INFORMATION  
SEULEMENT



Name:

File number: 339450

## 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 any funding obtained (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 have entered.
2. The Co-Investigators named in my application as taking part in the research project or program and other project collaborators, if applicable, have confirmed their desire to participate in the research project or program and I **have obtained their authorization 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**, as they are updated periodically (see the « DOCUMENTS » tab), and to comply with all terms and conditions 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 agree to comply with the standards of ethics and integrity of the FRQ, including those set out in the *Tri-Council Policy Statement* (see the « DOCUMENTS » tab), as updated periodically, taking into account any adaptations applicable in Québec and the ensuing obligations, and to subscribe to the best practices in my area of research.
6. I have read and agree to comply with the provisions of the *Policy for the Responsible Conduct of Research* of the FRQ (see the « DOCUMENTS » tab), as updated periodically, 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 public funding agency as the result of a **substantiated breach of responsible conduct of research**.
8. I shall immediately advise the Fonds to which I am submitting this application should I become ineligible to apply for funding or receive funding from a Canadian or international public funding agency as the result of a **substantiated breach of responsible conduct of research**. The continuation of any FRQ funding may be subject to review by the FRQ Responsible Conduct of Research Committee.
8. I am not in a situation of real or potential conflict of interest with the field-based partner: neither I nor a person for whom I have a particular interest (e.g. a family member, a partner, a close friend, etc.) directly or indirectly holds financial interests with this partner (e.g. shares, promise to purchase shares or any other form of remuneration – mutual funds are excluded from this list), is a member of its board of directors, an officer, a representative or a consultant, or serves as a lobbyist for this partner.
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**

Name:

File number: 339450

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 *Privacy Statement for Applicants and Funding Holders* (see the DOCUMENTS tab, hereinafter the “Statement”).

1. **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

**You must agree with the commitments  
and authorization.** .  Yes  
.  No