

Instructions

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 November 2024 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: 360375

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.

NIP

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

POUR
INFORMATION
SEULEMENT

Pre-eligibility

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

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

Le nombre d'heures total de mon stage ne dépasse pas 225 heures.

Le stage pour lequel je demande cette bourse ne mènera pas à l'obtention de crédits universitaire et ne fait pas partie de mon cursus scolaire.

POUR
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Name:

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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: 360375

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.

***Keywords**

Name:

File number: 360375

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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Doctoral thesis

*Last name of the thesis supervisor

*First name of the thesis cosupervisor

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 (codir.)

Home institution (codir.)

Inscrire la date réelle ou prévue du dépôt
de la thèse, si connue

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Name:

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Host organization

Internship start date (year/month)

Internship end date (year/month)

Duration of the internship in number of
weeks

Number of hours per week (on average)
that will be devoted to the internship

Total number of hours of the internship
(maximum 225 hours)

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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.

File name	Type of document	Date	Taille (Ko)
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POUR
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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 FRQ, 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-investigators.
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 FRQ 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.

CONSENT REGARDING PERSONAL AND CONFIDENTIAL INFORMATION SUBMITTED AS PART OF THE APPLICATION PROCESS

The personal and confidential information collected by the Fonds de recherche du Québec - Santé (FRQS) in connection with funding applications and documents related to an award is necessary and essential to **process** and **evaluate** funding applications, from eligibility to the announcement of the award. In addition, some of this information will be used to **manage** grants. The collection of this information is **mandatory** for the applicant to submit an application and, if applicable, obtain funding.

The information collected is 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) (hereinafter: the Access Act) as well as with **Statement regarding the protection of personal and confidential information**, see the DOCUMENTS tab, hereinafter the “Statement”).

Name:

File number: 360375

- ***I have read the Statement*** and I consent to the collection, use and disclosure of all personal and scientific information contained in my file in accordance with the terms and conditions set out in the Statement and in the Access Act, provided that persons having access to personal information agree to respect the confidentiality of such information.

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.