



Identification

Identification of the researcher responsible for project supervision

As a researcher responsible for the project supervision, by validating this page, you confirm:

1- that you meet one of the following statuses according to the Common General Rules ([CGR](#)) of the FRQ:

- status 1 : university researcher;
- status 2 : clinical university researcher;
- status 3 : college researcher.

2- that you agree to provide an attestation as proof.

3- that you will validate the supervision plan that will be attached to the application form, if applicable.

PIN

User account

Name

POUR

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 DIALOGUE / Relève étudiante

INFORMATION
SEULEMENT

Name:

File number: 358447

Deadline

Name:

File number: 358447

Signature and submission

FORM FOR DIRECTORS

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 have read the application for funding and applicable program rules.
3. I shall supervise the applicant's research and provide the applicant with the material and financial means required to carry out the research project according to the requirements of the funding program.
4. 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 their research activities with a continuous physical presence in Quebec.
5. In my role as director, 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 their 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.
6. 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.

POUR INFORMATION SEULEMENT

CONSENTIR À LA DIVULGATION DE L'INFORMATION PERSONNELLE ET CONFIDENTIELLE

The information collected is treated in accordance with the Act respecting access to documents held by public bodies and the protection of personal information (RLRQ, c. A-2.1) (hereinafter: the Access Act) as well as with the **Statement respecting the protection of personal and confidential information** (see the "DOCUMENTS" tab) (hereinafter: the Statement).

1. I have read the Statement and I consent to the collection, use and disclosure of the information that I have provided in accordance with the terms and conditions set out in the Statement and in the Access Act.
2. I understand that, in accordance with the Act, the applicant may request to access the information contained in their FRQ file. I understand that all the information I shall provide to the FRQ in relation to their application, including my own personal information, may be accessed by the applicant upon their request.

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. Otherwise, the candidate's application will be deemed incomplete.

IMPORTANT NOTICE: If you make modification after an electronic submission, you must re-submit your form at the FRQS. You must redo steps 1 and 2.

Name:

File number: 358447
