

**VCHRI Investigator Awards Registration Form**

Applicant's Name (last, first)		Award Category	Education Level
E-mail address	Phone (work)	Academic Rank	
Academic Department & Division		Date of first academic appointment at level of Clinical Assistant Professor or higher	
Academic Department Head who will be signing off on your application. For MCS applicants: Academic Dept Head who will be committing the required start-up of \$20,000.			
What is your <u>clinical</u> title/position		In which VCH dept/program do you do most of your <u>clinical</u> work?	
VCH Clinical Department Head who will be signing off on your application			
Which institution pays your salary?			
At which VCH site(s) do you do most of your clinical practice AND research activity?			
Clinical Work:		Research:	
VGH		VGH	
GF Strong		GF Strong	
VCH - Community		VCH - Community	
UBC Hospital		UBC Hospital	
For MCS applicants: Name of your research mentor for this application and his/her department and site			
What site, building and rooms will you have dedicated research space to conduct your research?			
What is your proposed research question or hypothesis? (Maximum 350 characters)			
Have you read the competition guidelines and do you confirm that you meet ALL eligibility criteria?			
Have you made your clinical dept head, academic dept head, and mentor aware of this registration and their required commitments?			

**This registration form should not exceed ONE PAGE.**

Submit registration form to [kerri.abramson@vch.ca](mailto:kerri.abramson@vch.ca)  
If any of the above information changes after registration submission, please submit a revised registration form.