

## VCHRI Investigator Awards RESEARCH MODULE

This is an auto-fill form, using drop-down lists and text fields. For text fields you can either type directly onto the form or cut and paste from another file. All text will display in Arial 10 format, and no other formatting (e.g. bold) is possible. You can use the tab key to move from line to line. The character maximums (if listed) include spaces but not paragraph breaks.

<b>Award Category:</b>		
Applicant Last Name	Applicant First Name	
Email Address	VCH Research Institute Centre/Program/Cluster (select one)	
	Other:	
Clinical Department/Program	Clinical Position	
Academic Department and Rank (if applicable)	Academic Rank	
<u>Work</u> Mailing Address (include street, building, room number, and postal code)		
Office Phone Number	Fax Number	
Project Title		
Location of Research Activity		
Site	Building	Room #(s)
<b>Ethics &amp; Hospital Approvals</b>		
Indicate if the project described in this application involves:		
Human Subjects		
Animal Experimentation		
A Requirement for Containment	Level	
Is this a clinical research project:		

**Mentor Contact Information (MCS applicants only)**

Mentor Last Name	Mentor First Name(s)
Email Address	Job Title
Organization	Department
Office Phone Number	Fax Number

Work Mailing Address (include street, building, room number, and postal code)

**Signatures**

Applicant Signature	Date
---------------------	------

<b>Academic Department Head</b>	<b>Clinical Department Head (if different from Academic)</b>
Name	Name
Signature	Signature
Date	Date

<b>UBC Faculty Dean</b>	<b>UBC Office of Research Services (ORS)</b>
Name	Name
Signature	Signature
Date	Date

**Applicant Name:**

---

**1. Summary of Research Proposal [3000 characters]**

Summarize your objectives and research plan. Remember that the non-reviewing members of the review committee may only read this page of your application so be thorough. Use this space only [max. 3000 characters].

---

**Applicant Name:**

---

**2. Summary of your research training and experience**

Research training and experience have been critical to the success of past applicants. Please describe the education/training you have received as well as your research experience as an independent investigator that demonstrates your potential to establish an independent research career. Use this space only [max. 3000 characters].

---

**Applicant Name:**

---

**3. Description of Research Program (Clinician Scientist applicants only)**

Briefly describe your program of research including plans for the next 3 years and potential opportunities for funding. The focus of this research program must be investigator-driven research, not sponsored clinical trials. Use this space only [max 3000 characters].

---

**Applicant Name:**

---

**4. Impact of this award on your future research career**

Describe how this award will contribute to your long-term goals as an independent researcher as well as your research plans upon completion of the award. Use this space only [max 3000 characters].

**Applicant Name:**

---

**5. Lay Abstract (use this space only)**

Provide a lay (non-technical) summary of your project in simple and clear language suitable for lay audience/press release. The summary must include a detailed statement of how your research ultimately can improve the health of individuals and/or the health care delivery system [max. 2500 characters].

*Note: If your proposal is funded, this abstract will appear on the VCHRI website and various VCH and VGH & UBC Hospital Foundation publications. Please do not include anything that might compromise future protection of intellectual property or patenting.*

---

**Applicant Name:**

---

**6. Research Infrastructure & Environment/Collaborations (You can attach 1 additional page)**

*As VCHRI is unable to allocate new space as a result of this award, you must have dedicated research space.*

1. Please describe the research space allocated to you for research, as listed on page 1 of this module. List any other equipment and facilities available to you. Indicate whether these resources are dedicated or shared, and the extent to which you have access.
  2. Indicate the colleagues/research programs you are affiliated/associated with, and the nature of these collaborations. Describe your role and contributions in the research program.
-



**Applicant Name:**

---

**Description of time commitments/responsibilities**

Describe the activities in which you will be engaged during the term of the award. Please include hours per week, month or year (whichever works best to describe your schedule), and the percentage of your overall time that will be allotted to each of these 3 areas.

---

**(a) Clinical:**

---

**(b) Teaching (excluding graduate student supervision) and administration:**

---

**(c) Research:**

---

**Financial Support**

List expected salary support from all sources during the term of this award, including university and hospital salaries, MSP billing, consulting fees etc. Please do not indicate amount.

Source	End Date (Month/Year)