

**2016 VCH Research Institute 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 1st academic appointment (anywhere) at level of Clinical Assistant Professor or higher	
Academic <u>Department Head</u> who will be signing off on your application and committing the required \$20,000 in start-up funds			
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			
At which VCH site(s) do you do most of your clinical practice AND research activity? The majority of both your clinical and research activity must be done at one of the 4 sites listed below to be eligible for this competition. (This does not include PHC, BCCA, BCCDC or C&W)			
Clinical Work:		Research:	
VGH		VGH	
GF Strong		GF Strong	
VCH - Community		VCH - Community	
VCH - Richmond		VCH - Richmond	
Name of your research mentor for this application and his/her department and site			
What site and building (and room #s) do you (or will you) have dedicated research space in, 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 send the revised registration form to [kerri.abramson@vch.ca](mailto:kerri.abramson@vch.ca).**