Vancouver CoastalHealth Research Institute

VCHRI Investigator Awards

Research Module - Signature Pages

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.

Award Category: Mentored Clinician Scientist	
Applicant Last Name	Applicant First Name
Applicant Email Address	VCH Research Institute Centre/Program (select one) Centre for Aging SMART
Which institution pays your salary?	Other (please specify)
Clinical Department/Program	Clinical Position
Academic Department and Rank (if applicable)	Academic Rank
Work 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

Ethics & Hospital Approvals

Indicate if the project described in this application involves:

Human Subjects: No

Animal Experimentation: No

A Requirement for Containment: No Level: NA

Is this a clinical research project: No

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

Academic Department Head	Clinical Department Head
Name	Name
Signature	Signature
Date	Date
UBC Faculty Dean	**UBC Office of Research Services**
Name	Name
Signature	Signature
Date	Date