

Team Grant Registration Form

Principal Investigator (PI) First Name		Principal Investigator (PI) Last Name	
VCH Job Title	E-mail address		Phone (work)
VCH program/dept		University faculty appointment (if applicable)	
Are you a full-time/part-time VCH staff?			
Is this a permanent position? (versus temporary, contract, etc)			
Are you a VCH physician? Yes or No			
If so, is VCH your primary place of work (vs. private practice or another health organization)			
Who is your program/dept manager who will be signing the application			
In which VCH HSDA(s) do you work? VCH - Richmond VCH - Coastal VCH - Vancouver (Acute) VCH - Vancouver (Community)			
What is the name of the site/building that best describes where your primary work site?			
Co-Principal Investigator (Co-PI) name, department, & academic institution			
Briefly describe the research expertise the Co-PI brings to the team, including their current area of research			
Co-investigators (names, programs/departments, and organizations (if not VCH))			
What is your proposed research question or hypothesis? (Maximum 350 characters)			
As the proposed PI, have you read <u>all</u> of the eligibility criteria in the competition guidelines and determined that you are eligible to apply and your project fits the competition?			
Have you ever held research operating funds from an external funding agency?			

This registration form should not exceed ONE PAGE.

Submit registration form to education.award@vch.ca. If any of the above information changes after registration submission, please send the revised registration form to education.award@vch.ca.