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A : 2012

Applicant(s)	Given Name(s)	Family Name(s)
1		
2		
3		

Applicant Mailing Address	(for payment)
telephone:	
fax:	
email:	

Title of Research Project

Suggested Referees

[recommended referees should not include previous or current supervisors, mentors or collaborators]

Name & Address

1		
telephone:		
fax:		
email:		

2		
telephone:		
fax:		
email:		

Signatures: Applicant(s)	date (yymmdd)	date (yymmdd)
1		
2		
3		



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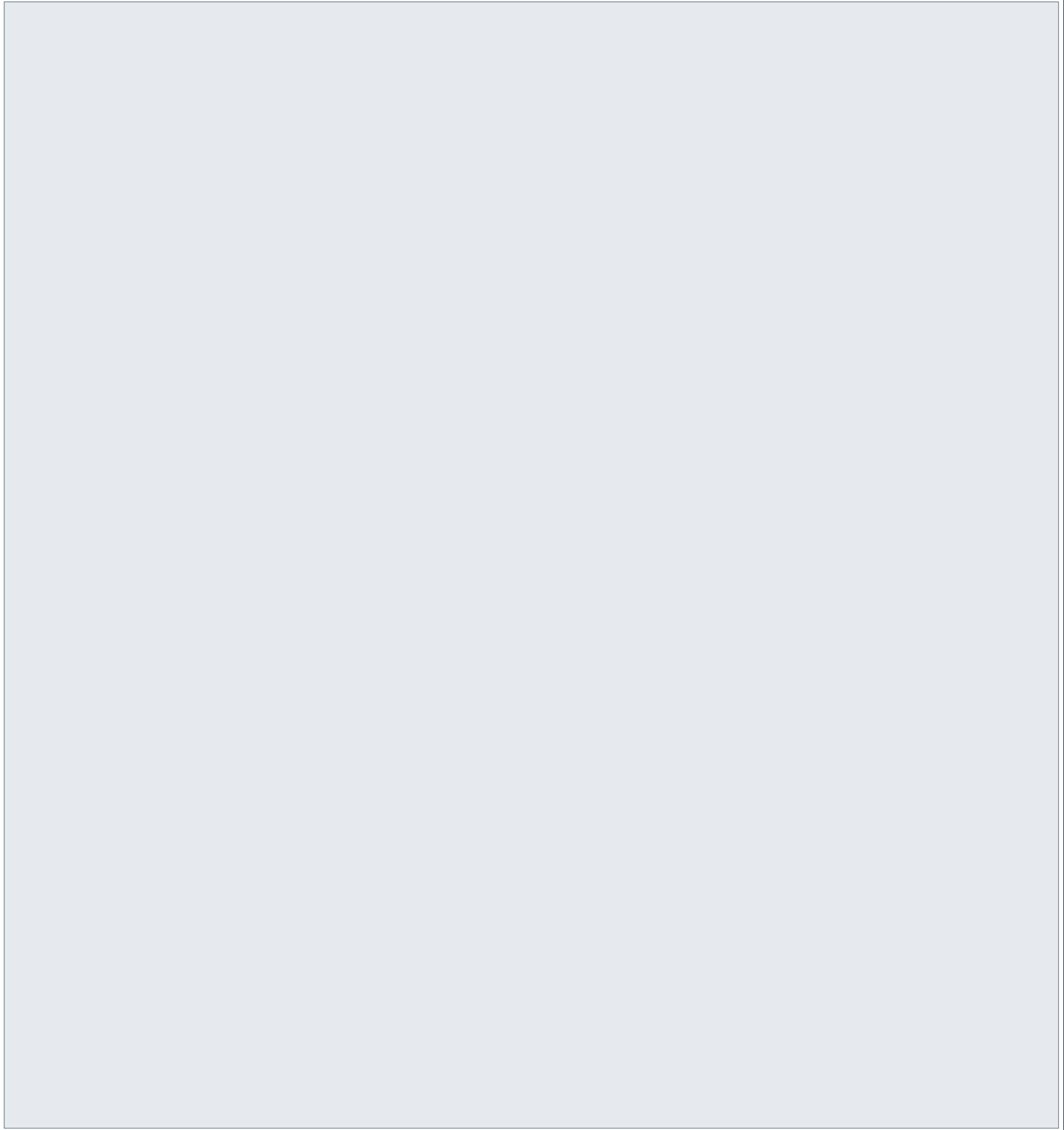
Title of Research Project



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Total number (excluding abstracts) _____





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Given Names & Family Name

		Field	Year(s)

Research Training

		Supervisor	



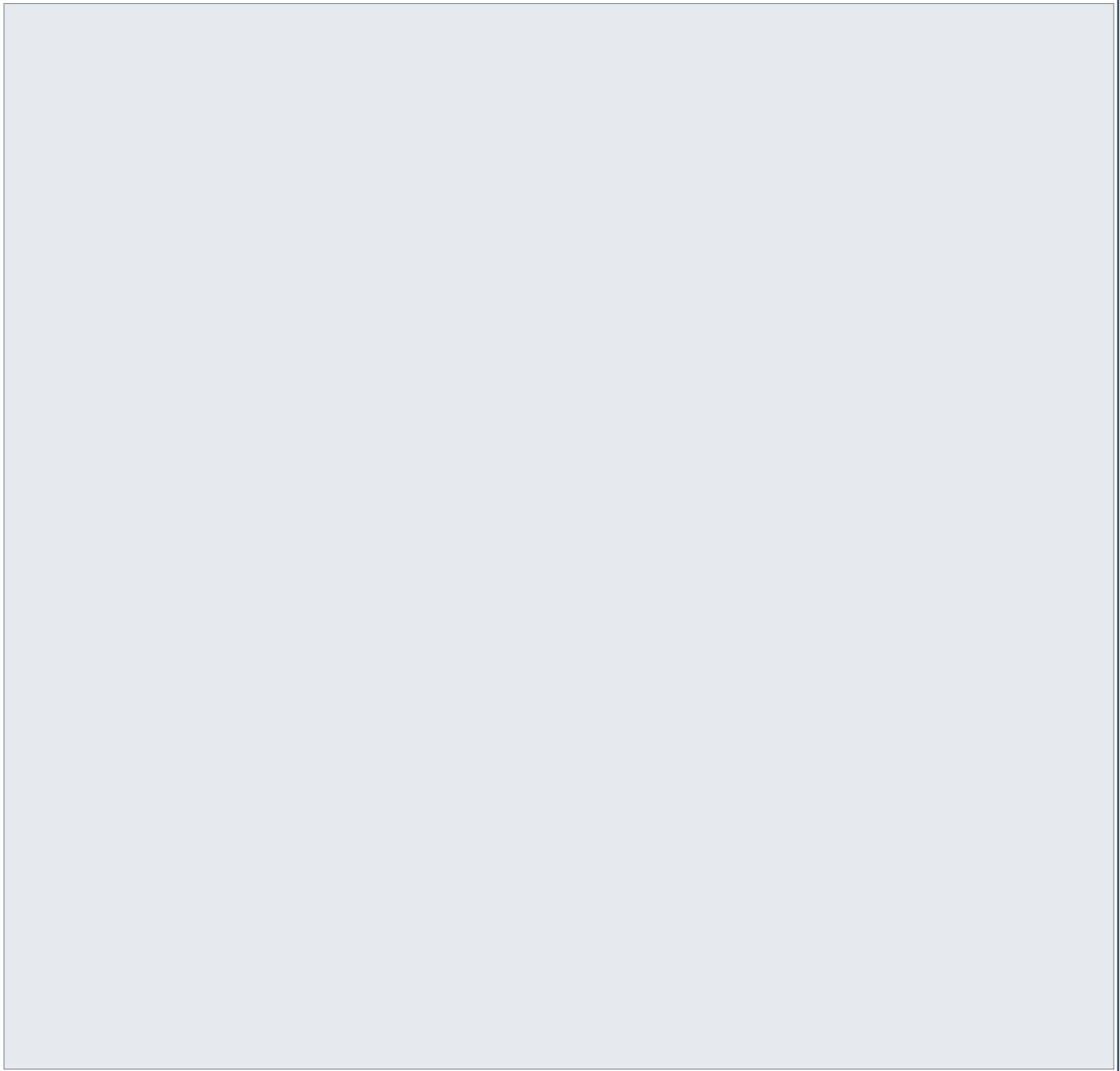
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Budget

	number	% of Time	amount
Total:		100%	





Animal Research

Enclose a statement signed by the applicant and the chairman of the local

Form Included:

Form to be Sent:

Not Applicable:

Human Research

Enclose a statement signed by the applicant and the department head that the proposed research will be reviewed in a manner which conforms with the guidelines as outlined in the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans and/or "Human Pluripotent Stem Cell Research: Guidelines for CIHR-Funded Research", and that the pro-

Human Subjects

Form Included:

Form to be Sent:

Not Applicable:

associated with the proposed project and preferably not from the department in which the project is to be carried out, and one or more individuals

Human Stem Cells (pluripotent)

Form Included:

Form to be Sent:

Not Applicable: