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Junior Research Grant Application

retinacanada.com

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Either print, fill in form by hand and fax to Dr. John Galic (514-285-8897)

Or fill in the form using Adobe Acrobat Reader (.pdf), save and email to

john.galic@retinacanada.com Deadline for submission: May 13 2019

| | |
|---|---|
| Applicant(s) Given Name(s) Family Name(s) | Institution & Address |
| Applicant Mailing Address telephone: fax: email: | Institution, Address and Department (for payment) |
| Title of Research Project | |

Supporting Referees

Name and Position

Address

1

telephone:

fax:

email:

2

telephone:

fax:

email:

| | | | |
|----------------------|---------------|----------------------|---------------|
| Signatures: | | | |
| Applicant | date (yymmdd) | Head of Department | date (yymmdd) |
| <input type="text"/> | | <input type="text"/> | |



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Title of Research Project

Abstract (Please attach a bibliography)

Brief Statement of the Innovative Nature of this Project



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Publications

Total number (excluding abstracts)

Please list papers (excluding abstracts) published during the past five years only.

Only include papers accepted for publication.

(Please list publications of any co-investigator(s) on a separate sheet.)



Personal Data:

Given Names & Family Name

Education

| Degrees | Institution & Location | Field | Year(s) |
|---------|------------------------|-------|---------|
|---------|------------------------|-------|---------|

Research Training

| Department | Institution & Location | Supervisor | Dates (from-to yymmdd) |
|------------|------------------------|------------|------------------------|
|------------|------------------------|------------|------------------------|

Academic Positions Held

| Department | Institution & Location | Position | Dates (from-to yymmdd) |
|------------|------------------------|----------|------------------------|
|------------|------------------------|----------|------------------------|



Budget

| | number | % of Time | amount |
|-------------------------|--------|-----------|--------|
| A. equipment | | | |
| B. personnel | | | |
| C. materials & supplies | | | |
| Total: | | 100% | |

Details of Financial Assistance Requested:



Ethical Considerations

Animal Research

Enclose a statement signed by the applicant and the chairman of the local Animal Care Committee that research protocol and the care of the animals conforms to the Guiding Principles for Animal Experimentation as enunciated by the Canadian Council on Animal Care.

Animal Subjects

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 proposed research will not be undertaken until it has been accepted as ethical by an institutional local committee. Such a committee will consist of a representative appointed by the Dean or the institutional administrative office, two individuals knowledgeable in the field of the proposed research but not 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 who would represent a general point of view.

Human Subjects

Form Included:

Form to be Sent:

Not Applicable:

Human Stem Cells
(pluripotent)

Form Included:

Form to be Sent:

Not Applicable: