



Alex MacKenzie, MD, PhD
Director / Directeur
(613) 737-2772

DEC, 2007

Mr. Serge Taillon
CHEO Trustee /
Membre du conseil
d'administration de CHEO

SCIENCE SUB-COMMITTEE REVIEW APPLICATION FORM
FOR RESIDENTS/STUDENTS

Ian Manion, PhD, C. Psych
Program Director
Mental Health / Health Sciences
Directeur de programme
Santé mentale / Sciences de la santé
(613) 737-2259

TO APPLICANTS:

Your application should be no longer than 5 pages. It should include evidence of a literature review, clearly stated objectives and a clear description of the methodology. Your proposal should also address how you will analyze and report findings; the study's relevance and expected outcome, as well as a section on ethical considerations.

David Moher, PhD
Program Director
Clinical Research /
Directeur de programme
Recherches cliniques
(613) 738-3591

A budget, not to exceed \$2,500, and brief budget justification should be included in your proposal. Please do not include costs for statistical consultation in your budget as this service is provided free to all residents and fellows through the CHEO RI Clinical Research Unit (CRU). Costs for manuscript production and travel for presentation of your results are not eligible.

Robert Korneluk, PhD
Program Director
Molecular Biomedicine /
Directeur de programme
Génie biomédical moléculaire
(613) 738-3281

Ms. J. Earle
Operations Officer /
Agente d'exploitation
(613) 738-3215

Ms. P. Brazeau
Manager / Gestionnaire
(613) 737-2686

Good Luck -

APPLICATION FORM - RESIDENTS/STUDENTS

Page 1 **SCIENCE SUB-COMMITTEE REVIEW APPLICATION FORM**

1. Project Title: _____

2. Principal Investigator:
Name: _____
Title: _____
Address: _____
Program: _____
Training Level: _____
Tel. No.: _____

3. Sponsor/Supervisor:

4. Where will research be conducted? _____

5. Anticipated Start Date: _____
Completion Date: _____

SCIENCE SUB-COMMITTEE REVIEW APPLICATION FORM

6. Name, Title, and Signature of
(All) applicant(s)

Principal Investigator

Signature

Sponsor/Supervisor

Signature

7. Name, Title, and signature of
(All) Department Head(s)/Department Research Director

As Department Head/Department Research Director, your signature indicates your support of the project and its resource implications, including availability of space and required facilities.

It is understood that these funds are to be used in support of resident/student research as a component of their training.

NAME	TITLE/DEPARTMENT	SIGNATURE	DATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____