

APPLICATION FOR TRAINEE RESEARCH VISIT

THIS FUNDING IS OFFERED TO ELIGIBLE TRAINEES WISHING TO TRAVEL TO ATTEND A COURSE OR WORKSHOP, OR TO VISIT A PARTNERING RESEARCH GROUP TO LEARN PRACTICAL TECHNIQUES OR COLLABORATE IN ONGOING STUDIES.

APPLICATIONS MUST BE SUBMITTED PRIOR TO DEPARTURE

APPLICATION DEADLINES:

- April 13, 2018 (for travel after April 1, 2018)
- June 1 (for travel after June 1)
- September 1 (for travel after September 1)
- December 1 (for travel after December 1)

APPLICATION SUBMISSION CHECKLIST:

TRAVEL TO ATTEND A WORKSHOP/COURSE:

- Completed Trainee Research Visit application form
- Course/workshop description or outline
- Letter from the supervisor supporting taking of the course/workshop
- Trainee's updated curriculum vitae (including biographical information, education, research experience, publications and abstracts, awards and honors)

TRAVEL TO A PARTNERING LAB:

- Completed Trainee Research Visits application form
- A short statement from the supervisor supporting travel to the partnering lab
- Letter from the partnering research group, outlining the purpose of the visit and the impact it will have on the trainee's research project
- Trainee's updated curriculum vitae (including biographical information, education, research experience, publications and abstracts, awards and honors)

NOTE: Please attach the completed application form and supporting documents to the same email, if possible, and submit the entire package electronically to achri.training@ucalgary.ca.

With any questions, please contact ACHRI Research Training Platform office at achri.training@ucalgary.ca or 403.220.8158 Room 207, HMRB.

BOTH APPLICANT AND SUPERVISOR HAVE CAREFULLY READ AND AGREE TO TERMS OF THE AWARD; HAVE FOLLOWED THE INSTRUCTIONS TO COMPLETE THIS FORM, AND CERTIFY THAT THE INFORMATION CONTAINED IN THIS FORM IS TRUE AND COMPLETE.

THE APPLICANT AGREES TO PARTICIPATE IN THE ACHRI TRAINEE PRESENTATION SERIES, WHERE HE/SHE WILL DELIVER A SHORT PRESENTATION, REFLECTING ON THE EXPERIENCE AND IMPACT THIS COURSE/VISIT MADE ON HIS/HER RESEARCH.

Date _____

APPLICANT INFORMATION

NAME:

EMAIL ADDRESS:

TELEPHONE:

TRAINEE CATEGORY (Master's, PhD, Postdoc):

PROGRAM/ DISCIPLINE:

SUPERVISOR INFORMATION

SUPERVISOR'S NAME:

EMAIL ADDRESS:

TELEPHONE:

TRAVEL DETAILS

PURPOSE OF TRAVEL (Include name of the Institution, research group, and other relevant details. Please comment on the impact this visit will have on your research project and/or research career):

TRAVEL DESTINATION:

TRAVEL DATES:

PROPOSED BUDGET. **Attach an additional page, if necessary**

BUDGET ITEM	REQUEST FROM TRAINING PROGRAM (\$) (Must NOT exceed \$2000*)	CONTRIBUTION FROM OTHER SOURCES (\$)	SOURCE OF FUNDS
Airfare			
Accommodation			
Meals			
Other (specify)			
Other (specify)			
TOTAL			

***NOTE: Requests for funding greater than \$1000 require matching contribution by the supervisor.**