The *CHILD-BRIGHT Graduate Fellowship in Patient-Oriented Research* (POR) aims to enhance the training experience of graduate students and postdoctoral fellows working on POR projects focused on childhood brain-based disabilities. For 2021-22, a total of $50,000 in funds is available, with the expectation that successful applicants can receive up to $10,000 of financial support.

Deadline: **September 5th, 2021**. Successful applicant(s) are anticipated to be contacted by **October 15th**. Please submit completed applications through our [online submission platform](https://ubc.ca1.qualtrics.com/jfe/form/SV_b1V9yP2ZgBmpptA).

If you have any questions about the application process, please contact us at [**pierre.zwiegers@child-bright.ca**](mailto:pierre.zwiegers@child-bright.ca)

1. **Applicant Information**

|  |  |
| --- | --- |
| **Full Name:** |  |
| **Title:** |  |
| **Phone Number:** |  |
| **Email Address:** |  |
| **Mailing Address:** |  |
| **Highest Degree Level:** |  |

1. **Applicant Academic Information**

|  |  |
| --- | --- |
| **Current Status** | Master’s Student  Doctoral Student  Postdoctoral Fellow |
| **Degree Program:** |  |
| **Academic Unit (Department/Faculty)** |  |
| **Start & Anticipated End Date of Graduate Program/Postdoc** |  |

**3. Supervisor Information**

|  |  |
| --- | --- |
| **Supervisor Full Name:** |  |
| **Supervisor Title:** |  |
| **Supervisor Academic Unit (Department/Faculty)** |  |
| **Supervisor Phone Number:** |  |
| **Supervisor Email:** |  |

**4. Applicant’s Case for Funding (1-page limit)**

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| --- |
| Please explain why you should be chosen for this funding opportunity.  You need to describe your interest and professional goals in research. Further suggested content includes, but is not limited to:   * Previous POR training and/or research experience. * How training to date has been supporting you to conduct patient-oriented research. * Why you are interested in POR and reflect on why it is important to incorporate the patient’s perspective throughout the research process. * Address how this funding opportunity will help you attain your professional goals |
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**5. Research Project Description**

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| --- |
| **5.1 Research Project Title** |
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| --- |
| **5.2 Project Description (1.5-page limit)**  Please provide a brief description of the patient-oriented research (POR) project you wish to join/develop and how it focuses on neurodevelopmental conditions in the pediatric population. Your summary should include the following sections: Rationale, Research Question/Hypothesis, Methods, Analysis, and Expected Outcomes. |
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| --- |
| **5.3 Patient-partner Involvement in the Research Project (1-page limit)**  Ensure that you clearly outline how this project involves patients as partners throughout the research process and what tangible benefit you hope this work will provide to your population of study.  Please describe how patients have been/will be involved in the planning, decision making, and co-creation and sharing of knowledge within this research project.  If applicable, please summarise how patients with lived experience have helped/will help identify that the proposed research topic is a priority to patients. |
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| --- | --- |
| **5.4 Schedule Milestones**  Identify the major milestones that you expect to meet along the way which aligns with the project description outlined in 5.2. Add rows to the table as needed. | |
| **Milestone** | **Anticipated Completion Date** |
|  |  |
|  |  |
|  |  |

**6. Funding Information & Requested Amount**

|  |  |
| --- | --- |
| **6.1 Please list your current source(s) of funding for the project outlined above** | |
| **Funding Source(s):** |  |
| **Start of Funding Date (dd/mm/yy)** |  |
| **End of Funding Date**  **(dd/mm/yy)** |  |
| **Additional Comments:** |  |

|  |  |
| --- | --- |
| **6.2 CHILD-BRIGHT Graduate Fellowship in POR Request**  Please state your funding request and outline how the funds will be spent. Add rows as needed | |
| **Budgetary Item Description** | **Amount** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total amount requested through the CHILD-BRIGHT Graduate Fellowship in POR Award:** |  |

**Signatures**

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant Signature** |  | **Date (dd/mm/yy)** |  |
| **Supervisor Signature** |  | **Date (dd/mm/yy)** |  |