# *[Insert your project title here]*

# *Application for Consultation(s)*

***This form must be completed and sent to the Lived Engagement Lead by email at:*** [*citizen.engagement@child-bright.ca*](mailto:corinne.lalonde@child-bright.ca)*.*

*Complete all sections below. Do not modify or remove sections. Instructions in grey boxes should be removed as you type your submission.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *1a Lead Applicant Contact Primary contact person for the project (does not need to be the Principal Investigator)* | | | | |
|  |  |  |  |  |
| *Enter full name of contact* |  |  |  |  |
|  |  |  |  |  |
| *1b. Email* |  | *1c. Phone* |  |  |
|  |  |  |  |  |
| *Enter email address* |  | *Enter phone number* |  |  |
|  |  |  |  |  |
| *1d. Address* |  |  |  |  |
| *Enter street address* |  | *Enter city/town* |  | *Enter province* |
|  |  |
| *Enter postal code* |

|  |
| --- |
| Describe your research project or study **in one page or less**. The description below should include your research question(s), the age range of participants in your study, and why your study is important to children or youth with a brain-based developmental disability and/or their families/caregivers. Keep your summary clear and targeted to a general public knowledge level. |

|  |
| --- |
| Enumerate the **specific question(s)** you have for the CHILD-BRIGHT Lived Experience Consultation Service. Keep your question(s) clear and targeted to a general public knowledge level. |

|  |  |
| --- | --- |
| *Section 4 - REQUEST FOR CONSULTATIONS* | *[Insert project title]* |
|  |  |

|  |
| --- |
| The CHILD-BRIGHT Lived Experience Consultation Service provides consultations of up to one (1) hour at a time. With this in mind, **how many consultations** do you estimate you will require? You may request more than one consultation, if needed. |

|  |  |
| --- | --- |
| *Section 5 - PROJECT-SPECIFIC INFORMATION* | *[Insert project title]* |
|  |  |

**5a.** Do you need or would you like to speak with a youth who has a particular lived experience of brain-based developmental disability? Yes No

If yes, please specify and we will do our best to accommodate if possible:

|  |
| --- |
|  |

***5b.*** *Would the preferred method of consultation be:*

1. *via a group meeting with the entire CHILD-BRIGHT Lived Experience Consultation Service, or*
2. *via a one-on-one meeting with one or two members of the CHILD-BRIGHT Lived Experience Consultation Service? Please specify:*

|  |
| --- |
|  |

***5c.*** *By what date do you require consultations to take place?*

|  |
| --- |
|  |

|  |
| --- |
| *If there is any* ***additional information*** *or any additional specifications or requirements that you would like to communicate to the* C*HILD-BRIGHT Lived Experience Consultation Service for consideration, please do so here.* |