

CAN-AMR-Net Trainee Travel Award Application

Dear Applicant,

Please complete the form in detail, ensuring all sections marked with * are filled out. Kindly note that incomplete or late applications will not be considered.

Thank you for your cooperation!

Applicant Information	
* First Name:	* Last Name:
* Institutional Email:	Student ID #:
* Institution:	* Faculty:
* Program:	Department
* Level of study (MSc/MA, PhD, PDF):	* Year of study:
* Are you currently being sponsored by any other Health Research Training Platform?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Applied for
Do you self-identify as an Indigenous person? <i>(We ask this question to support the CAN-AMR-Net mandate, which includes providing two annual awards specifically reserved for Indigenous trainees.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Conference Information: I am presenting my paper/ poster at:	
* Conference Name:	* Conference Location:
* Conference Date(s):	Conference Website (If available):
* Have you previously attended a national/international conference?	<input type="checkbox"/> Yes <input type="checkbox"/> No
* Will you be a registered student at the time of the conference?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
*Have you applied for other conference-associated fundings? *Attach evidence or explanation	<input type="checkbox"/> Yes <input type="checkbox"/> No

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***Proposed Budgetary Expenses**

Please outline your proposed travel and related expenses:

Budget	Details	Amount (with tax)
Airfare (Basic or Economy Fare)		\$
Ground transportation		\$
Accommodation (Max of 5 nights)		\$
Meals – while travelling and during Conference (max 5 days) Please Note: Meal allowances in accordance with CIHR and UCalgary guidelines including ‘economical’ meal choices and no coverage for alcoholic beverages. Detailed receipts will be required, otherwise standard per diem rates will be refunded.		\$
Registration fee		\$
Other		\$
Total amount of travel grant requested		\$

*CAN-AMR-Net Supervisor Information	
* Name:	* Institution:
* Faculty:	* Email:
<p>“I confirm the student is in good academic standing and the paper/poster to be presented is based on the applicant’s current thesis research”.</p> <p>*Supervisor’s Signature: (E-Signature is acceptable)</p> <p>Date Signed: (Y-M-D)</p>	

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Please attach the following documentation to this form:

1. A copy of your abstract
2. A copy of your acceptance notification (if available)
3. Details on other travel fundings applied for or received
4. Your current CV (2 pages max)
5. A statement outlining the fit of the proposed meeting/conference with your research and the anticipated benefit (1 page max)

Submission Instruction:

1. Please submit this completed application form along with required documents **in one single pdf format file (merge files)**.
2. **The PDF file should be named as follow:**
Applicant's First Name, Last Name, CAN-AMR-Net Travel Award, Date (year.month.day)
Example: John, Smith, CAN-AMR-Net Travel Award, 24.12.2
3. **Submit your final PDF file** to CAN-AMR-Net Project Management team at canamrnet@ucalgary.ca.
4. **Deadlines to submit the applications:**
 - Applications for Spring/Summer meetings/conferences are due Jan 31.
 - Applications for Fall/Winter meetings/conferences are due July 31.
5. All collected information will only be used to assess for CAN-AMR-Net Travel Awards and will be managed in accordance with the Freedom of Information and Protection of Privacy Act of Alberta (FOIPP).

If you have any questions regarding this application, please contact us at canamrnet@ucalgary.ca