



# HQP Research Skills Award Application Form

Please submit applications to [michelleharkness@allergen-nce.ca](mailto:michelleharkness@allergen-nce.ca)

<b>Please review the <i>Research Skills Award</i> program description before proceeding with your application. A supervisor's letter of support must accompany the application.</b>		
<b>Date of Application:</b>	<b>Applicant Name:</b>	<b>Supervisor:</b>
<b>AllerGen Project:</b> (if applicable)		<b>Primary Investigator:</b> (if different from above)
<b>Applicant's Title/Position:</b>	<b>Institution:</b>	<b>Level of Study:</b>
<b>Telephone:</b>	<b>E-mail:</b>	
<b>Address:</b>	<b>City:</b>	
	<b>Province:</b>	<b>Postal Code:</b>
<b>Title of Workshop/Course/Event:</b>		
<b>Proposed Date(s) for Training:</b>	<b>Location:</b>	
<b>Briefly describe the training opportunity.</b>		
<b>Briefly describe the purpose and objectives of the training opportunity.</b>		
<b>How will this opportunity enhance your (or your team's) professional development or research capacity?</b>		
<b>Who will provide matching funds/support for this application?</b>		
<b>Please provide any additional information that you feel would support this application.</b>		



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<b>Funding Request</b> (AllerGen funds 50% of individual expenses.)				
	<b>Description (if applicable)</b>	<b>Total Estimated Costs</b>	<b>Matching/Funds Support from other source</b>	<b>AllerGen Funds Requested</b>
	<b>Registration Fee</b>			
	<b>Travel</b>			
	<b>Ground Transportation</b>			
	<b>Accommodation</b>			
	<b>Meals</b>			
	<b>Total:</b>	<b>CAD\$</b>	<b>CAD\$</b>	<b>CAD\$</b>
<p>Please submit to Michelle Harkness, HQP Coordinator <a href="mailto:michelleharkness@allergen-nce.ca">michelleharkness@allergen-nce.ca</a> Only electronic applications will be accepted.</p>				