



HQP Research Skills Award Application Form

Please submit applications to leahgraystone@allergen-nce.ca

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



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