



Capacity Building Workshop Research Skills Award Application Form

Please submit applications to michelleharkness@allergen-nce.ca

Please submit to Michelle Harkness, HQP Coordinator michelleharkness@allergen-nce.ca Only electronic applications will be accepted.		
Date of Application:	Applicant Name:	Supervisor (if applicable):
AllerGen Project: <i>(if applicable)</i>		
Applicant's Title/Position:	Institution:	
Phone:	Email:	
Address:		City:
Purpose and objectives of the capacity-building workshop:		
Proposed training date:	Location for training:	
Anticipated attendance:	A workshop program/agenda must accompany the application.	
How will knowledge/experience gained enhance your (or your teams') professional development or research capacity?		



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Will you be seeking cash or in-kind support from other sources? *(Please specify to source and the amount.)*

Proposed Budget

Funding Requested (please fill in all fields-type N/A if not applicable)

	Description (if applicable)	AllerGen Funds Requested	Matching Funds/Support from other source	Total Estimated Costs
Travel:				
Accommodation:				
Meals				
Audio-Visuals				
Other <i>(please specify)</i> :				
Total:				

Budget justification:

Total amount of funding requested from AllerGen:

Please provide any additional information about this proposal that supports the request for AllerGen funding.