



BCCGN TRAINING AWARD APPLICATION FORM

CONDITIONS

- Applications can be submitted at any time
- Successful applicants will be notified within 30 days following the submission
- Training awards will not be awarded for training occurring before the submission date.
- Each applicant may receive funding for award only
- Eligible proposals include the following
 - **Training** in genetics, genomics, genomic data analysis and database design and knowledge translation in the field of genomics
- To be eligible the applicant must fulfill one of the following criteria
 - Medical, undergraduate or graduate student studying in BC or who is a BC resident
 - post-doctoral fellow or junior faculty member working in BC
 - technician working in BC on technology critical to the development of genomics
- Allowable expenses under this program, up to \$4,500 include support for mentoring and professional development, such as supervisor and technician fees; costs related to laboratory and experimental supplies; travel and accommodation while visiting another site. They also include costs associated with training in a defined training program that is related to BC genomics research. **Student stipends are not allowed.**
- Funds will be distributed after the event only on submission of original receipts and or official invoices from the training facility.

1. PERSONAL INFORMATION APPLICANT

| | | | |
|--------------|-------|------------------|-------|
| First Name | _____ | Mailing Address: | |
| Last Name | _____ | Street | _____ |
| Organization | _____ | City | _____ |
| E-mail | _____ | Postal Code | _____ |
| Telephone | _____ | Fax | _____ |

I am applying for this award on the following grounds (check only one)

| | | | |
|-----------------------|--------------------------|-----------------------|--------------------------|
| Undergraduate Student | <input type="checkbox"/> | Graduate Student | <input type="checkbox"/> |
| Post Doctoral Fellow | <input type="checkbox"/> | Junior Faculty Member | <input type="checkbox"/> |
| Medical Student | <input type="checkbox"/> | Technician | <input type="checkbox"/> |

Referee - please provide a reference from a supervisor at your educational establishment.

I confirm, as per the eligibility guidelines, that this applicant is eligible for this training award

Name _____ Signature _____

Position / Title _____

2. CONTACT INFORMATION TRAINING FACILITY / PROJECT SUPERVISOR

Please Note: If you wish to train in a specific area of genomics, but do not have a supervisor, BCCGN can connect you to an appropriate individual.

Name _____ E-mail _____

Organization _____ Telephone _____

3. BUDGET ALLOCATION

Please show where the funds will be expended (continue on an additional sheet if necessary)

| Item | Description | Amount \$ |
|------|--------------|-----------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| | Total | |

4. TRAINING DETAILS

Expected Benefits - Please write a paragraph about how you will benefit from this training

Proposed dates of study/training Start _____ End _____

If you are applying for training then please attach a summary that describes the following:-

- Training Opportunity
Learning Objectives
Knowledge Translation Goals

4. AGREEMENT

I agree to abide by the terms and conditions of this application and I acknowledge that the information I have provided is accurate

Signature of applicant _____

Date _____

5. SUBMISSION

Email or fax your completed form and any other required information to Lesley Phillips, Business Manager, BC Clinical Genomics Network; lesley.phillips@ubc.ca; Fax – 604 875 3019