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| **NMIN Research Skills Development Award 2023-24****APPLICATION FORM** |
| Please review the *Lab Exchange and Skills Development Award* 2023-24 Call Guide before proceeding with the application. A Supervisor’s letter of support must accompany the application. |
| Applicant Name: |  |
| Applicant Position: |  |
| Applicant Institution: |  |
| Email: |  | Phone: |  |
| Supervisor Name: |  |
| Supervisor Position: |  |
| Supervisor Institution: |  |
| Email: |  | Phone: |  |
|  |
| Workshop/Course title: |
|  |
| Date: |  | Location: |  |
|  |

1. Briefly describe the skills development opportunity.
2. Who will provide the skills development and what are their qualifications?
3. Briefly describe the purpose and objectives of the skills development opportunity and the value-added learning associated with it.
4. How will this opportunity enhance your (or your team’s) professional development, research capacity, and/or career path?
5. Will partner matching funding for the application be provided? By whom, and how much? Please provide the ratio of NMIN NCE to non-NCE support.
6. Please provide any additional information that you feel would support this application.

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| **Funding Request**NMIN funds up to 50% of the costs of the skills development training/workshop to a maximum of $1,000 per applicant. |
| **Eligible Expenses** | **Estimated cost** | **Source of Matching Funding[[1]](#footnote-2)** |
| Registration/Tuition Fee |  |  |
| Travel |  |  |
| Ground Transportation |  |  |
| Accommodations |  |  |
| Meals |  |  |
| Other (provide an explanation, below) |  |  |
| **Total** |  |  |
|  |
| Amount and percent to be paid by NMIN | $\_\_\_\_\_\_ | \_\_\_\_\_\_% |
| Amount and percent to be paid by partner | $\_\_\_\_\_\_ | \_\_\_\_\_\_% |
| Explanation of other expenses: |
|  |
| **Disclaimer and Signature** |
| I hereby understand and agree that any award made as a result of this application will be subject to the NMIN terms and conditions governing this award, including advertising of the award by NMIN. |
|  |  |
| Signature of HQP | Date |
|  |  |
| Signature of Supervisor | Date |
| Submit completed application forms and supervisor’s letter of support to Divya Rao, HQP Program and Network Events Manager, at divyarao@nanomedicines.ca. Only electronic applications will be accepted. |

*Issued 16 August 2023*

1. NMIN project funds **cannot** be used as matching funding. [↑](#footnote-ref-2)