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| **NMIN Lab Exchange Award 2023-24**  **APPLICATION FORM** | | | | |
| Please review the *Lab Exchange and Skills Development Award* 2023-24 Call Guide before proceeding with an application. A Supervisor’s letter of support must accompany the application. | | | | |
| Applicant Name: |  | | | |
| Applicant Position: |  | | | |
| Applicant Institution: |  | | | |
| Email: |  | Phone: |  | |
| Mailing Address: |  | | | |
| Emergency Contact Name: | Relationship to applicant: | Phone (Home): | | Phone (Cell): |
|  |  |  | |  |
| Supervisor Name: |  | | | |
| Supervisor Position: |  | | | |
| Supervisor Institution: |  | | | |
| Supervisor Department: |  | | | |
| NMIN Project: |  | | | |
| Email: |  | Phone: |  | |
| Mailing Address: |  | | | |
|  | | | | |
| Host Supervisor Name: |  | | | |
| Host Supervisor Position: |  | | | |
| Host Supervisor Institution: |  | | | |
| Host Supervisor Department: |  | | | |
| Research Focus: |  | | | |
| Email: |  | Phone: |  | |
| Mailing Address: |  | | | |
| Estimated start and end date of visit: |  | | | |
|  | | | | |

1. Briefly describe the training opportunity.
2. Briefly describe the purpose and objectives of the training opportunity and the associated value-added learning and/or skill-development opportunities.
3. How will this opportunity enhance your (or your team’s) professional development, research capacity, and/or career path?
4. What collaborations will this training opportunity facilitate?
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 Lab Exchange program to a maximum of $6,000 per applicant for a maximum of six months, awarded to a maximum of $1,000/month. | | | | |
| **Eligible Expenses** | **Estimated cost** | | **Source of Matching Funding[[1]](#footnote-1)** | |
| 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 and Accommodation Description: | | | | |
|  | | | | |
| **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, supervisor’s letter of support, and Research Proposals/Training Program descriptions to Divya Rao, HQP Program and Network Events Manager, at [divyarao@nanomedicines.ca](mailto: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-1)