

SCIENTIFIC PRESENTATION and TRAINING AWARD

STUDENT PROGRAM

VISION HEALTH RESEARCH NETWORK

2019-2020 Competition

INSTRUCTIONS

**Deadlines**: June 1st 2019\*

 **September 1st 2019\***

 **December 1st 2019\***

 **March 1st 2020\***

\*Should these dates fall on a Friday or Saturday, the candidates will have until Sunday night to send their application.

**Objectives**

The purpose of this initiative is to provide financial support to graduate student and postdoctoral fellows of the Vision Health Research Network (VHRN) for:

* **Presentation** (oral or poster) of research results at a **national or international scientific** **dissemination activity** (conference, symposium, workshop, scientific meetings)
* **Training opportunities** (short-term internship, visit a laboratory to develop / continue collaboration, training on cutting-edge equipment, participation to specialized course, etc.)

The specific objectives of the program are to:

* Promote networking and collaborations
* Facilitate participation of VHRN trainees to national and international meetings
* Reward excellence in vision health research by VHRN trainees
* Help trainees acquire unique expertise essential to increase research capacity

**Amount and number of awards**

* Funding of up to **$ 1,500** per student may be awarded.
* One (1) award per competition will be given, for a total of four (4) per financial year (April 1st to March 31st).
* Only one (1) award per student per financial year may be awarded under this program.

**Eligibility**

The eligibility criteria for this program are:

## Relevance of the project to the mission and health research areas of the VHRN vision. Applications that do not meet the mandate of the VHRN will not be evaluated

## This program is open to all student members of the Vision Network, including international trainees. You must be a student (MSc, PhD, medicine), postdoctoral fellow or resident at an university in Quebec, an university hospital, a research institute/center or another health organization under the supervision of a member of the VHRN

## The event for which you are requesting support must take place no more than 3 months after the deadline date of application to the VHRN

## Applications can be received throughout the year

## Only one (1) application per candidate will be accepted per competition.

## Eligible expenses

## Conference registration fees, transportation costs (economy class), license and visa fees, fees for medical insurance, accommodation fees, meals not covered by the event ($ 50 / day - excluding alcohol) are all eligible expenses.

**Evaluation criteria**

## The evaluation committee will assess the application based on the excellence of research, the prestige of the event being attended, and the potential of the student’s participation to help increase capacity in vision in Quebec. Each application will be evaluated and ranked using the following material:

## Scientific quality of the submitted abstract

## Quality of the letter of justification

## Letter of support from the supervisor

## The VHRN's scientific committee will meet four (4) times a year to evaluate applications received under this program.

**How to apply**

1. "Scientific Presentation and Training Award" form and the appropriate "Justification" duly completed
2. A letter signed by the supervisor highlighting the importance of the student’s participation to the event and how it will impact the student’s training and the future research capacity in their lab
3. The Common Canadian CV of the student in FRQS format
4. **a. Presentation at a scientific event** (can be provided after the event if not available by the application deadline)

a.1 Confirmation of registration at the conference

a.2 Confirmation of presentation at the conference (oral / poster presentation)

**b. Short-term training**
b.1 Invitation letter from the host laboratory

NB: Payment of the award will be made **after** the event, once all the above supporting documents as well as receipts (original invoices, boarding pass, etc.) have been submitted to the VHRN.

**Commitment**

Any recipient of a “Scientific Presentation and Training Award” agrees to:

* Acknowledge the support of the VHRN in their presentation (oral or poster) and following publication resulting from the project for which he was awarded the award by using one of the following wordings, according to the publication language and to the research project topic:
	+ « Le Réseau de recherche en santé de la vision » or « The Vision Health Research Network » if the project is not related to AMD
	+ « La Fondation Antoine Turmel et le Réseau de recherche en santé de la vision » or « The Antoine Turmel Foundation and The Vision Health Research Network » if the project is related to AMD
* Respond to the requests for follow-up sent by the VHRN in order to evaluate the efficiency of this program
* Present the results of the research project at the VHRN Annual meeting

**Please submit your application to:** reseau.vision@ircm.qc.ca

**For additional information, please contact:**Vision Health Research Network

514-987-5636

reseau.vision@ircm.qc.ca

visionnetwork.ca



**SCIENTIF PRESENTATION and**

**TRAINING AWARD**

**2019-2020 Competition**

**FORM**

**Deadlines**:

[ ]  **June 1st\***  [ ]  **September 1st\*** [ ]  **December 1st\***  [ ]  **March 1st\***

\*Should these dates fall on a Friday or Saturday, the candidate will have until Sunday night to send his/her application.

## LAST NAME, First name:

## Email:

## Phone number:

## Address:

## Program and level of study:

**University, Faculty and Department:**

## Language of correspondence: [ ]  French [ ]  English

**Contact info of the supervisor:**

## LAST NAME, first name:

## Email:

**Name of the event:**

## Date of the event and duration:

## Web site:

## Location (University/Research Institute/Congress Center, city, country):

## Event type:

##  [ ]  Conference [ ]  Meeting [ ]  Symposium [ ]  Workshop [ ]  Other \_\_\_\_\_\_\_\_\_\_

## OR

##  [ ]  Short-term training

##

**Nature of the event:**

[ ] National [ ] International

**Type of presentation** (if applicable):

##  [ ]  Oral presentation [ ]  Poster presentation

**Does this project result from the use of a VHRN resource?** ☐ yes ☐ noIf yes, specify☐ Common infrastructures (specify which ones: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
☐ National and International Networking Program
☐ Other (please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**Could this project have an impact on the understanding and / or treatment of AMD?**

 [ ]  yes [ ]  no

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**SCIENTIFIC PRESENTATION and**

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**JUSTIFICATION**

**Presentation at a scientific event**

## DETAILS OF THE PRESENTATION

## Title:

## Authors:

## Submitted abstract:

**JUSTIFICATION** (maximum 300 words)

* Describe your current and past training
* Describe your contribution to the project
* Discuss impact of your participation to the event on your training and its relevance to the mandate of the VHRN (development of collaborations, acquisition of new expertise, etc.)

**COST ESTIMATION**

|  |  |
| --- | --- |
| **Details** | **Amount ($ CAN)** |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total\*** |  |

\* Even if your total exceeds $ 1,500, the network will issue the recipient a check for up to $ 1,500.

NB : Original invoices and boarding pass are required for refund.

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**SCIENTIFIC PRESENTATION and**

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**JUSTIFICATION**

**Short-term Training**

**HOST RESEARCHER DETAILS**

**Contact info of the host researcher**

LAST NAME, First name:

Email:

Address :

**List of all persons affiliated with the project and function**

|  |  |
| --- | --- |
| **Names** | **Function** (MSc/PhD student, Post-doctoral fellow, director, collaborator, host researcher, assistant, technician, etc.) |
|  |  |
|  |  |
|  |  |
|  |  |

**Description of the host training environment** (maximum100 words)

**JUSTIFICATION** (maximum 300 words)

* Describe the activities to be carried out, your role, and how it will impact your training and future research capacity in your current training environment

**COST ESTIMATION**

|  |  |
| --- | --- |
| **Details** | **Amount ($ CAN)** |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total\*** |  |

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