



STUDENT PROGRAM

STUDENT COMMITTEE PICTURE COMPETITION

2022-2023

VISION HEALTH RESEARCH NETWORK

INSTRUCTIONS

Deadlines:

May 1st, 2022*

November 1st 2022*

**Should this date falls on a Friday or Saturday, the candidates will have until Sunday night to send their application.*

Goal

The aim of this competition is to showcase the scientific work and the research environment of researchers and student members of the Vision Health Research Network (VHRN). The pictures received will be used by the VHRN to update header images on its website. This competition is the perfect occasion for researchers and students to show their lab, equipment, clinical environment or awesome microscopy images that would otherwise never see the light of day (e.g. fluorescent happy face neuron ensemble).

Eligibility

- All photos related with vision, directly or indirectly, are accepted (e.g. scientific pictures, team pictures, laboratory equipment pictures, graduation pictures, etc.). Since the objective is to display them on the website, the pictures cannot be emotionally shocking or offensive for the general public. Remember that for each person in the picture we need a written consent.
- The competition is open to everyone (professor, researchers, clinicians, research assistants and technicians, etc). All students supervised by a VHRN member are automatically VHRN student members.
- The candidate can submit as many images as he wants (one form per photo).

Amount and number of awards

Prizes of **\$150** (most popular image by electronic voting), **\$100** (2nd position) and **\$50** (3rd position) will be awarded to the winners (the number of prizes is subject to the availability of funds).

Evaluation criteria

Photos will be evaluated by the Student Committee and proposed to members will be invited to vote for their favorite image (1 vote per email address). Votes will be collected over a **2-week period**.

Results will be announced at the end of the month (May or November). .

How to apply

The applicant must complete the **electronic form** available on the "[STUDENT COMMITTEE PICTURE COMPETITION](#)" [homepage](#) (1 form/picture) and attach the appropriate documents:

- ✓ The image in JPG, TIFF or PNG format (the minimum size of the image must be 2 000 x 1 500 pixels).
- ✓ The consent form filled and signed by the **author** or **each person** appearing in the picture (combined PDF if many persons).

Tips

- Write a catchy title (maximum 60 characters including spaces).
- Describe what is seen on the image. Write for a general public not expert in your research field of study.

Incomplete and / or non-compliant applications will be rejected.

For additional information, please contact:

Vision Health Research Network (visionnetwork.ca)

reseau.vision@ircm.qc.ca

Teleworking: 438-825-1425

IRCM Office: 514-987-5636

Réseau thématique soutenu par le

**Fonds de recherche
Santé**
Québec 



STUDENT COMMITTEE PICTURE COMPETITION

2022-2023

ELECTRONIC FORM
(for information only)

Step 1 - IDENTIFICATION

Please complete:

- *Applicant: *First Name* *Last Name* *Email*
- *Status: *MSc student, PhD student, MD student, Postdoctoral Fellow, resident/fellow, research staff*
- Supervisor (if applicable): *First Name* *Last Name* *Email*
- *Axis : *Brain & perception, Cornea & Anterior Segment, Visual Impairment & Rehabilitation, Retina & Posterior Segment*
- *Affiliation: *University, Research Center, institute, etc.*
- *Picture title (maximum 60 characters including spaces)
- *List of names of all people appearing in the picture (if applicable): *First Name* *Last Name*
- *Brief description accessible to a non-specialist general public (maximum 250 words):
- *Project title related to this application: *general title for the study project*

**Mandatory*

STEP 2 – SUPPORTING DOCUMENTS

- ✓ *Picture (JPG, TIFF or PNG)**
- ✓ *Consent Form (combined PDF if more than one person)*

* If the picture exceeds 30M, send your picture by email to reseau.vision@ircm.qc.ca.

SUBMIT

You will receive an **email** confirming your submission.

> Your application has now been submitted to the VHRN. <

CONSENT FORM
(one for each person)
VISION HEALTH RESEARCH NETWORK

I, (*Prénom Nom*) , hereby grant, without reservation, the Vision Health Research Network (VHRN) and its representatives the full and irrevocable right to use the image affixed above that is my likeness or belongs to me, illustrating or not my research work.

Picture Name :

This image may be reproduced, displayed and / or adapted, in whole or in part, if needed, in the headers of the VHRN website pages (reseauvision.ca/visionnetwork.ca) or in any other VHRN promotional document or VHRN funding application.

This voluntary authorization is only for the purposes of VHRN
and has no limit of duration.

By signing this form, I acknowledge that I waive my right to make any claim for compensation due to any prejudice arising from related to or the use of my image by VHRN.

Read and approved

Signature : _____

City :

Date (YEAR/MM/DD) :