



STUDENT PROGRAM

SCIENTIFIC PRESENTATION and TRAINING AWARD

2022-2023 Competition

VISION HEALTH RESEARCH NETWORK

INSTRUCTIONS

Deadlines:

- June 1st 2022***
- September 1st 2022***
- December 1st 2022***
- March 1st 2023***

**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) **in-person or during virtual 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

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

Amount and number of awards

- Maximal funding for an in-person event is **\$ 1,500** per student and up to **200\$** for virtual meetings.
- The number of awards depends on the availability of funds for this program.
- Only one (1) award per student per financial year (April 1st to March 31st) may be awarded for this program.

Eligible expenses

Conference registration fees, cost for membership organization, 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.

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 *Fondation Antoine-Turmel* 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

How to apply

The applicant must complete the electronic form available on the ["Scientific Presentation and Training Award" program homepage](#) and attach the appropriate documents (**one combined PDF Document**):

Following this order:

1. **Justification** (Section 1)
2. **Details and additional documents** according to the type of scientific activity :
 - A. Presentation at a scientific event
 - **Presentation details** (Section 2)
 - **Registration** confirmation *
 - **Type of presentation** confirmation (oral / poster presentation) *
 - B. Short-term training
 - **Training details** (Section 3)
 - **Invitation letter** from host-laboratory
3. **Cost estimation** (Section 4)
4. [Canadian Common CV](#) FRQS format including [detailed contributions](#)
5. **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

*: *These documents can be provided later if not available by the application deadline.*

IMPORTANT: Payment 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.

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 



SCIENTIFIC PRESENTATION and TRAINING AWARD

2022-2023 Competition

ELECTRONIC FORM
(for information only)

STEP 1 - IDENTIFICATION

- *Applicant: First Name Last Name Email
Degree: *MSc/MD-MSc/OD-MSc student, PhD/MD-PhD/OD-PhD student, MD student, Postdoctoral Fellow, resident/fellow*
- Type of research : *Discovery, clinical, translational (preclinical), epidemiology, knowledge transfer, technological transfer*
- Study Program: (to complete)
Affiliation: *University, Research Center, institute, etc.*
- *Supervisor: First Name Last Name Email
Co-Supervisor (if applicable): First Name Last Name Email
- *Axis : *Brain & perception, Cornea & Anterior Segment, Visual Impairment & Rehabilitation, Retina & Posterior Segment*
- *Could this project have an impact on the understanding and / or treatment of AMD? *No / Yes*
*Does this project result from the use of a VHRN resource? *No / Yes*
(Network Programs: Common Infrastructures, National and International Networking or other VHRN Student fundings)
- *Type of activity: *In-person / virtual conference, short-term training*
*Type of presentation: *Oral presentation, poster presentation, N/A*
*Nature of the event: *Provincial, national or international*
*Name of the event: (to complete)
*Starting date (duration): *YYYY-MM-DD (x day(s))*
*Place: *University / Institute / Congress Center, city, province, country*
Web site (if known): (to complete)
*Project title related to this application: *general title for your study project (MSc, PhD, fellowship, etc.)*

**Mandatory*

STEP 2 – SUPPORTING DOCUMENTS

Attach all sections and additional documents to the electronic form in a single PDF (see previous page)

Submit

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

Applicant (First name LAST NAME): _____

SECTION 1 : JUSTIFICATION (300 words maximum)

Presentation at a scientific event

- a) Describe your current and past training
- b) Describe your contribution to the project
- c) 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.)

Short-term training

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.

Applicant (First name LAST NAME): _____

SECTION 2 : PRESENTATION DETAILS - PRESENTATION AT A SCIENTIFIC EVENT ONLY

Title:

Authors:

Submitted abstract:

Applicant (First name LAST NAME): _____

SECTION 3 : TRAINING DETAILS - SHORT-TERM TRAINING ONLY

Contact info of the host researcher

LAST NAME, First name:

Email:

Affiliation:

Address:

List of all the persons related to 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 (maximum 100 words)

Applicant (First name LAST NAME): _____

SECTION 4 : COST ESTIMATION

Complete the table.

Expenses details	Amount (\$ CAN)
Total*	

* Even if your total exceeds **\$ 1,500** (in-person event) or **\$ 200** (virtual meeting), the network will issue the recipient a check for up to the maximum for each type of event.

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