



VSRN
Vision Sciences
Research Network

STUDENT FUNDING

NEW

TRAVEL AWARD : TRAINING INTERNSHIP

NEW

2024-2025 Competition

VISION SCIENCES RESEARCH NETWORK

INSTRUCTIONS

EDITION	Deadlines application*	Training must start during this period
Summer 2024	March 1 st 2024	May 1 st to August 31 st 2024
Fall 2024	July 1 st 2024	September 1 st to December 31 st 2024
Winter 2025	November 20th 2024	January 1st to April 30th 2025

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

Objectives

The purpose of this initiative is to provide financial support to undergraduate (Cegep) and graduate student (all cycles) and postdoctoral fellows of the Vision Sciences Research Network (VSRN) for all training opportunities in vision such as an **INTERNSHIP** (summer internship or introduction to research) or a **SHORT-TERM TRAINING** (training on cutting-edge equipment, specialized courses, visiting a laboratory to develop/pursue a collaboration, summer schools, etc.). **Internships must last at least 3 months. Short-term training courses must last a minimum of 5 days.**

The specific objectives of the program are to:

- Promote networking and collaborations;
- Facilitate the student mobility of Network members to perfect their knowledge through the acquisition of new skills during internships or short-term training courses;
- Reward excellence in vision health research by VSRN trainees;
- Gain recognition for the excellence of their work within the national and international scientific community;
- 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 sciences research areas of the VSRN: applications that do not meet the mandate of the VSRN will not be evaluated.
 - This program is open to all student members of the Vision Network:
 - **Option 1** - You are a student (college, 1st (including medical students), 2nd, 3rd cycle), postdoctoral fellow or resident in a Quebec teaching institution, a university hospital, a research center/institute or any other organization **under the supervision of a Vision Network member researcher**, and you will be doing an internship with a **Vision Network member OR non-member researcher**.
 - **Option 2** - You are a student (college, 1st (including medical students), 2nd, 3rd, medical), postdoctoral fellow or resident in a teaching institution, a university hospital, a research center/institute in Quebec or outside Quebec (**supervisor non-member of the VSRN or without supervisor**) and you will do an internship under the **supervision of a researcher member of the Vision Network**.
 - The competition will be held three (3) times a year, and you must apply by the deadline that corresponds to the period in which your internship/training will take place.
 - Only one (1) application per candidate will be accepted for each competition.
 - The same candidate may not receive two (2) awards in this competition in the same fiscal year.
- ATTENTION:** You cannot combine this scholarship with the *Recruitment and towards Excellence Scholarship* during the same period.

Amount and number of awards

- Each grant will consider the budget submitted (see **section 3**).
- Maximal funding is **\$ 3,000** per student.
- 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. Please contact reseau.vision@ircm.qc.ca if you have any questions about your eligibility.

Eligible expenses

Transportation costs (economy class), permit and visa fees, medical insurance costs, accommodation costs, meal costs (\$50/day - excluding alcohol) or registration fees, if applicable, are all eligible expenses.

Evaluation criteria

The evaluation committee will assess the application based on the excellence of research, 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

Commitment

Any recipient of VSRN grants agrees to:

- Acknowledge the support of the VSRN wherever indicated, using one of the following wordings, depending on the language of publication and the subject matter:
 - « **Le Réseau de recherche en sciences de la vision** » / « **The Vision Sciences Research Network** »
- Respond to the requests for follow-up sent by the VSRN in order to evaluate the efficiency of this program
- Present the results of the research project at the VSRN Annual meeting

How to apply

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

Following this order:

1. **Acceptance form** (section 4) (*for training only*) or **summer school/workshop/workshop acceptance letter**
2. **Cost estimation** (Section 5)
3. [Canadian common CV](#) in FRQS format for the candidate, including [detailed contributions](#).
4. **Letter signed by the supervisor** highlighting the relevance of the training or internship (participation and contribution of the student to this activity) and the impact on the student's training and on the development of research capacity in your laboratory (*not applicable to students without a supervisor*)

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 VSRN.

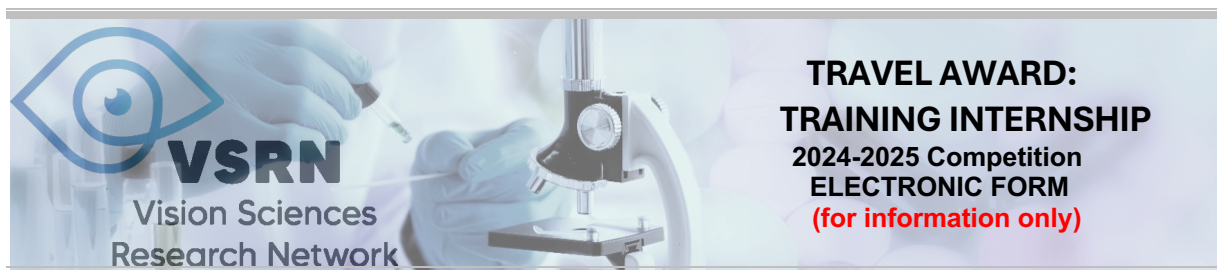
Incomplete and / or non-compliant applications will be rejected.

For additional information, please contact:

Vision Sciences Research Network (visionnetwork.ca)
reseau.vision@ircm.qc.ca

Réseau thématique soutenu par le

Fonds de recherche
Santé
Québec 



SECTION 1 - IDENTIFICATION

*Applicant: First Name Last Name Email

*Degree: *1st, 2nd or 3rd cycle student, Postdoctoral Fellow, resident/fellow*

*Type of research: *Discovery, clinical, translational (preclinical), epidemiology, knowledge transfer, technological transfer, social sciences, politics and public health*

*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: *Vision Neurosciences, Emerging Technologies, Rehabilitation and Social Issues of Visual Disorders, Biology and Pathology of vision*

* Involved sectors: *Health, Natural Sciences and Engineering, Social Sciences and Humanities, Arts and Letters*

*Does this project result from the use of a VSRN resource? *No / Yes*
(Network Programs: Common Infrastructures, National and International Networking or other VSRN Student fundings)

Is this project part of an application for funding other than the VSRN? *No / Yes*
(If yes, please specify: Application deadline: __ Funding agency: __, Name of funding program: __)

*Type of activity: *Summer internship, short-term training, other type (please specify)*

*Scope 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)

**Mandatory*

SECTION 2: DETAILS ON THE INTERNSHIP or TRAINING**Contact information of the host supervisor or workshop details**

* NAME, First Name:

* Email:

* Affiliation:

* Mailing address:

List of all individuals affiliated with the project and their roles

Names	Role (2nd cycle students, 3rd cycle students, postdoctoral interns, supervisors, collaborators, host researchers, assistants, technicians, etc.)

Description of the host environment (maximum 100 words)**SECTION 3: JUSTIFICATION (maximum 400 words)**

Describe the nature of the activities undertaken during your visit, your role, the impact on your training, and the potential to enhance your research capacity. Describe the outcomes of this internship (leverage effect) and the intersectoral nature of this training.

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 4 : ACCEPTANCE FORM

Complete the following fields.

Name of main supervisor (write "N/A" if NO main supervisor)	LAST NAME	First name
	<input type="checkbox"/> yes <input type="checkbox"/> no	
VSRN member	<input type="checkbox"/> yes <input type="checkbox"/> no	
Institution in which you are currently enrolled:		
Researcher with whom you will be doing an internship/training period	LAST NAME	First name
VSRN member	<input type="checkbox"/> yes <input type="checkbox"/> no	
Host institution :		

THIS SECTION MUST BE COMPLETED BY THE INTERNSHIP SUPERVISOR

I confirm that:	Applicant LAST NAME	Applicant First name
will take part in an internship/training course from:	Start date	End date
in my laboratory a :	University/ center /institution/ city/ province/ country	
Supervisor's signature:		

Applicant (First name LAST NAME): _____

SECTION 5 : COST ESTIMATION
Complete the table.

Expenses details	Amount (\$ CAN)
Total*	

* Even if your total exceeds **\$ 3,000**, the network will issue the recipient a check for up to the maximum

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