

Canadian MSK Rehab Research Network

Application Details

State your department/school during the tenure of this award, as well as the official start and expected end date of your program

Department/School:

Start/End Dates:

Master's:

PhD:

Post-Doctoral:

Clinician Scientist in Training:

Scholarships/Awards

Title/Description	Annual Value	Start/End Date	Status (pending/received)

Network Mentor:

Department/School:

Network Co-mentor:

Department/School:

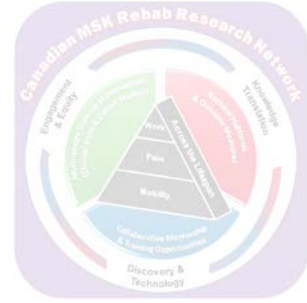
Project Title

Provide a title for your project that would be suitable for posting on the Network website:

Lay Abstract

Provide a non-confidential, plain-language summary of the project that would be suitable for posting on the Network website (max. 150 words).

(To be completed by Trainee with input from the Network Mentor)



Canadian MSK Rehab Research Network Mentorship and Resources in the Training Environment

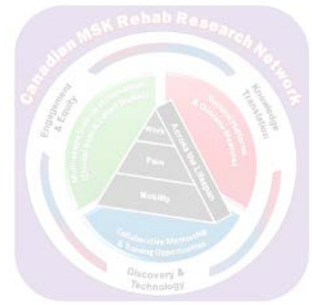
Briefly highlight elements of the research milieu that will contribute directly or indirectly to the quality of the candidate's research training experience in MSK health research (max. 150 words).

(To be completed by the Network Mentor)

Description of the Proposed Research Project

Outline the proposed research project including Background and Rationale; Objectives; Hypotheses (if applicable); Methods; Importance of potential findings to MSK health; Plans for knowledge translation (max. 500 words).

(To be completed by Trainee with input from the Network Mentor)



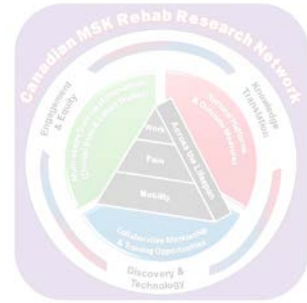
Canadian MSK Rehab Research Network Conference Travel Details

Briefly highlight the conference(s) that you wish to attend to present your research project. Please note that preference will be given to those attending conferences focused on MSK health and rehabilitation research

Justification and Proposed Use of Funds

Briefly provide a proposed budget on how the funds will be used to a maximum of \$1500. Eligible expenses include but are not limited to: conference registration, travel costs, accommodations, etc. (max. 150 words).

(To be completed by Trainee with input from the Network Mentor)



Canadian MSK Rehab Research Network
Additional Documentation Checklist

Academic CCV

Proof of academic standing (copy of transcripts, letter from supervisor, etc.)

I agree to participate in all required activities described above as part of the Network Program and agree that all information in this application is accurate and complete to the best of my knowledge.

Signature of Applicant

Date

Signature of Mentor

Date

Please submit completed application by
January 11, 2019 to:

Ryan Power

Network Coordinator

Canadian MSK Rehab Research Network

rehabnet@uwo.ca