# Canadian Society of Otolaryngology – Head and Neck Surgery

**COMMITTEE FOR GLOBAL HEALTH**

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**Grants for Research–Otolaryngology Care in Low Resource Regions**

**Application Form**

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| Applications are now being accepted for the Global Health Scholarship. They will be reviewed on a first come, first served bases and awards allocated according to merit. Successful candidates will be notified within 30 days of submission. All decisions are final.  This form is designed to assist you in providing us with the information we need to assess your application. |

**A. APPLICANT SECTION**

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| **1. Applicant Information:** |
| Name: |
| Address: |
| City: |
| Province: |
| Postal Code: |
| Telephone: (home)       (cell) |
| Email: |

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| **2. Identify your resident year and university:** |

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| **3. Research Project Title:** |

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| **4. Background and Basic Research Question:** *Why is this research needed?* |

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| **5.** **Project Proposal**: *Describe your project. Include specific objectives – these are measurable statements of what you want to accomplish by a given point in time. Who will the project serve? Note: Priority is given to research projects in low resource regions. Research projects that build on existing initiatives undertaken by members of the CSOHNS are encouraged.* |

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| **6.** **Method (Work plan)**: *Outline key tasks and activities with a timeline or schedule that will be used. This should include fieldwork.* |

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| **7. Budget Information:**  Airfare -$  Living Costs - $  Other - $ |

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| **8. Have you obtained approval** **and/or support for this project from the host country?**        Yes      No |
| Name: |
| Title: |
| Organization / Institution: |
| Contact Information: |
| If you have not yet obtained approval please briefly describe how you will do so*. Note: Approval must be secured prior to undertaking field research.*    *Approval cont…* |

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| **9. Who will be your on-site Supervisor in the host country?** |

**B. RESEARCH SUPERVISOR SECTION**

The next section should be completed by your Research Supervisor.

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| **10. Research Supervisor:** |
| Name: |
| Title: |
| Contact Information: Tel.:       Email: |

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| **11. Supervisor’s Comments on Proposal*:*** *Note: Your Research Supervisor may also be your field work Supervisor.* |
| **Supervisor’s Sign Off:** *Note:* *Only applications signed off by your Research Supervisor will be considered.*  **Signature:** |

**The Signature of the Applicant affirms that:**

* The information in the application is complete and accurate to the best knowledge of the applicant.
* The applicant has the approval of the host country and resources to do the research.
* If an award is made, the applicant agrees to abide by the award regulations of the BIS.
* If an award is made, the applicant will use the award only for the purposes for which the award was made.

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| **12. Applicant’s Signature:** |

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| **Completed applications** can be sent by **regular mail**, **fax** or **electronically**. Electronic applications must be sent as a PDF file via email (please put “Committee for Global Health Research Grant Application” in the subject line).  Please forward applications and queries to:  Dr. Brian Westerberg, Chair, Committee for Global Health  c/o Ms. Donna Humphrey  68 Gilkison Road  ELORA, ON N0B 1S0  Tel: 800-655-9533 / 519-846-0630  Fax: 519-846-9529  Email: [cso.hns@sympatico.ca](mailto:cso.hns@sympatico.ca) |