# Queen’s Centre for Neuroscience Studies Internal Pilot Time Competition

## Application Form

## Specify your status *(check all that apply):*

[ ]  CNS Member

[ ]  Non-CNS Member

## Principal Investigator

|  |  |  |
| --- | --- | --- |
| Last Name | First Name | Position (eg: Professor, Assistant Prof, etc.) |
| Department | Phone # | Email Address |

## Co-PIs and Co-Applicants:

List names, departments and roles of co-principal investigators if applicable and co-applicants. Do not list research associates, students or other staff/personnel for this study. PIs and Co-PIs may only apply for one competition per cycle. PIs and Co-PIs are also required to submit personal data/abbreviated *CV*s.

|  |  |  |
| --- | --- | --- |
| Name | Department | Role (eg: co-PI, co-applicant, collaborator, etc.) |
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## Have you applied for tri-council funding (NSERC, SSHRC or CIHR) within the last 2 years?

[ ]  Yes

[ ]  No

## Project Information:

Short title of proposed research project:

## Keywords:

List up to 10 keywords that describe your research proposal

## MRI Hours Requested:

List the number of MRI Hours being requested.

The personal information on this form is collected under the authority of the Queen’s Royal Charter of 1841, as amended, and will become part of the records held at Queen’s Centre for Neuroscience Studies (CNS), as applicable. The application form will be provided to the reviewers of the competition, and will be used for the financial administration of your research program if successful. Information collected may also be used in internal reports of the university and/or the CNS. If you have any questions or concerns about the information collected please contact the MRI Manager by email at briend@queensu.ca or phone (613-533-2811).

## Budget Detail:

Provide the applicable budget details for MRI time in your application. Delineate the number of hours being requested and the number of subjects to be tested, and how this is critical to the success of obtaining external funding. Limit this section to half a page max.

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## Summary of Proposed Research:

Restrict this section to 2000 characters

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| Brief description of the proposed research project. |

## MRI Pilot time Application:

In your attached 3-page application provide:

* Relevant background literature/current state of knowledge with key references
* Research rationale, research hypotheses and objectives
* Experimental approach/research plan involving experimental design, number of participants, methods and procedures, and statistical analysis. Include details of how the pilot time will be allocated.
* State the significance/impact of your proposed project

*Restrict this section to 3 pages, including figures but excluding references (references do not fall within the page limit). No appendices are allowed for this application. Failure to conform to these guidelines will result in the application not being considered.*

Prepare your attachments in any word processing program, following the requirements below:

* Explain any acronyms and abbreviations fully;
* Pages must be 8 ½" x 11" (216mm x 279mm);
* Pages must be single-spaced, with no more than six lines of type per inch;
* All text must be in 12 pt Times New Roman font;
* Condensed fonts will not be accepted;
* All text should be black
* Margins must be set at a minimum of ¾" (1.87 cm);
* Your name must appear outside the set margins of the page, at the top right corner of every page;
* For multi-page attachments, pages must be numbered sequentially

|  |  |  |
| --- | --- | --- |
| Research Approvals Required: (Click on the boxes for “yes” or “no” responses as appropriate) | Yes | No |
| 1. | Are Animals to be used? | [ ]  | [ ]  |
|  | If YES, is the appropriate approval in place or pending | [ ]  | [ ]  |
|  | Indicate the Animal Care Committee Protocol # AC Protocol # |  |  |
| 2. | Is the research involving biohazardous material? | [ ]  | [ ]  |
|  | If YES, have you the appropriate approval for project and lab? | [ ]  | [ ]  |
|  | Indicate the Permit # Biohazard Permit # |  |  |
| 3. | Does this research involve human participants? | [ ]  | [ ]  |
|  | If YES, have you the appropriate approval from the Queen’s University Health Sciences and Affiliated Teaching Hospital’s Research Ethics Board (REB)? | [ ]  | [ ]  |
|  | Indicate the REB Approval #:  |  |  |

|  |
| --- |
| Personal Data: To be provided by the Principal Investigators (PI) and Co-PIs only.Attach a current, abbreviated cv (maximum five pages) which includes:* degrees
* positions held at Queen’s University, Kingston Health Sciences Centre (KGH, HDH) or Providence Care
* academic research experience over the past five years
* names, amounts, funding period, agency and your role for grants and contracts held, previously held, and applied for/pending, from internal (university and hospital sources), and external agencies, over the past five years.

Add to your abbreviated cv (in addition to the five page limit above):* list of papers published in peer-reviewed journals during the past five years (full citation, including authors, titles, journal, volume, page limits and year).
* list of abstracts, theses, books and other publications during the past five years
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| Publications:Report the total number of papers which the PI and Co-PI (if applicable) is author or co-author, published to date in peer-reviewed journals. |
| Patents:Provide details of patents held by PI and Co-PI (if applicable). |