



## **CHSRF CAN !**

### **Graduate Network Application Form**

#### **CHSRF CAN ! Objectives:**

- To support trainees in their pursuit of continuing education and placement opportunities,
- To market the research priorities and goals of the Program to other trainees,
- To foster career opportunities,
- To involve newcomers in the decision-making environment,
- To provide further opportunities for mentoring among Program participants within academic and decision-making environments,
- To promote and advertise the mandate of the program in the health and community care communities.

**Funds Available:** Maximum \$1,000.00 annually.

#### **Guidelines for Proposal:**

- Proposal activity must promote linkages with academics and decision-makers.
- Education/mentoring and linkage/ exchange activities will be given priority over research activities.
- Dr. Coyte and Andrée Mitchell (Coordinator) will review requests as they are submitted throughout the year. All applications must be submitted **February 28, 2005 and August 5<sup>th</sup> 2005**. Peter and Andrée will review the proposals within a month.
- Outcomes of research or projects must be reported for CHSRF Chair program evaluation purposes and reports.

To apply for funding please complete the attached form and an itemized budget. Send two copies to:

CHSRF CAN ! – Peter Coyte's Health Services Chair  
Dept. of Health Policy, Management and Evaluation  
Faculty of Medicine, University of Toronto  
McMurrich Building, 2nd Floor, 12 Queen's Park Crescent West, M5S 1A8  
FAX: 416.978.7350

For more information contact: Andrée Mitchell (416) 978.1459, [andree.mitchell@utoronto.ca](mailto:andree.mitchell@utoronto.ca)

#### **EXAMPLES FOR USE OF FUNDS:**

- Research
- Equipment
- Professional skills development
- Program advertisements
- Journal club start-up
- Knowledge exchange activities
- Conferences (CAHSPR, Ihea, etc.)



**APPLICANTS INFORMATION**

**CO-PRINCIPAL APPLICANT**

DEPARTMENT

INSTITUTION

ADDRESS

CITY

PROVINCE

POSTAL CODE

PHONE NUMBER

EMAIL

**CO-PRINCIPAL APPLICANT**

DEPARTMENT

INSTITUTION

ADDRESS

CITY

PROVINCE

POSTAL CODE

PHONE NUMBER

EMAIL

**CO-APPLICANTS**

NAME

DEPARTMENT

INSTITUTION

DEGREES

NAME

DEPARTMENT

INSTITUTION

DEGREES

NAME

DEPARTMENT

INSTITUTION

DEGREES

NAME

DEPARTMENT

INSTITUTION

DEGREES



**DATE:** \_\_\_\_\_

**PURPOSE FOR FUNDS**

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**CHSRF CAN! Themes: Which objectives of the CHSRF CAN! Network will the funds address?**

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**How will these funds address the CHSRF CAN! Network Themes?**

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**AMOUNT REQUESTED FROM CHSRF CHAIR FUNDS:**

**ATTACH ITEMIZED BUDGET**

**Note: The names of all successful applicants will be posted on the CHSRF CAN! website.**

**OFFICE USE ONLY**

**DATE SUBMITTED:**

**DATE REVIEWED:**