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| **A black and white logo  Description automatically generated** | **CCN-RCC Visiting Trainee Program Application Form** |

**Visiting Trainee and Supervisor Information**

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| Name | Institute/Organization |
| Mailing Address | |
| Email | Phone |
| Program of Study | Faculty/Department |
| Trainee Status (MSc, PhD, Post-Doc etc.) | CCN-RCC Trainee Member? (please contact [info@ccn-rcc.ca](mailto:info@ccn-rcc.ca) if you are unsure of your membership status)  Yes  No Unknown |
| Current Supervisor | Supervisor CCN-RCC Member? (please contact [info@ccn-rcc.ca](mailto:info@ccn-rcc.ca) if you are unsure of your membership status)  Yes  No Unknown |
| Supervisor Title; Faculty/Department | Supervisor Considered an Early Career Investigator (i.e. within 5 years of primary appointment)?  Yes  No Unknown |
| Supervisor Signature | Date |

**Host Supervisor Information**

|  |  |
| --- | --- |
| Name | Institute/Organization |
| Mailing Address | |
| Email | Phone |
| Title | Department |
| Other Affiliations (if applicable) | CCN-RCC Member  Yes  No Unknown |
| Signature | Date |

**Application Information**

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| Please rank your top 3 reasons relevant to your application, with one being most applicable.  Opportunity to learn a critical skill related to my thesis research  Increase competitiveness for future academic career opportunities  Increase competitiveness for future non-academic career opportunities  Advancing new or ongoing research collaboration/partnership  Opportunity to expand research skills and knowledge at my home institute (e.g., to train others)  Access to technology or equipment that my home institution is considering acquiring  Increase expertise with technology or equipment that is available at my home institution |

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| Please select the research methods/techniques/discipline that will be included in your proposed training (select all that apply):  Data science/informatics  Clinical skill transfer/patient-centred outcomes  Biomarkers/biospecimens  Health systems research  Economic analysis  Testing equipment/devices and/or commercial applications  Implementation science, systematic reviews, or knowledge mobilization  Epidemiology/prevention  Treatment/clinical trial  Other (please specify): |

**Letter of Intent Document**

Along with this completed form, you must also submit a letter of intent (maximum 3000 characters including spaces). The letter must include:

* Description of proposed research, skills or techniques to be learned
* Justification for selection of host supervisor/institution
* Alignment with CCN-RCC theme areas & goals and mandates (<https://ccn-rcc.ca/en/about/>)
* Value-add to the Canadian concussion research and training landscape
* How this program will help you meet your academic and professional goals
* Considerations of cost savings where possible and/or additional funding sources utilized
* How your exchange and/or research aligns with the CCN-RCC’s equity, diversity and inclusion (EDI) values.

**Proposed Budget**

You must also complete and submit a proposed budget using the template provided from the CCN-RCC website. **Up to $2500 CAD** will be covered by the CCN-RCC for each funded application.

**Please submit the completed application form, letter of intent, and proposed budget form to** [**info@ccn-rcc.ca**](mailto:info@ccn-rcc.ca) **by June 14, 2024. Late applications will not be considered.**

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| Trainee Signature | Date |