

## Registration

**THIS IS A DEFAULT ENGLISH VERSION OF THE FORM which has not been fully validated. Please refer to the program rules and the French version of the form to make sure you provide the right information. To access the French version of the form, get back to the “My forms” tab and change the display language in the upper right corner of the screen.**

Le formulaire de demande incluant tous les documents requis doit être transmis au plus tard le 15 March 2023 at 16:00.

Prendre connaissance des règles du programme ([page Web du programme](#)) et des règles générales communes ([RGC](#)) afin de vérifier les conditions d'admissibilité et de remplir adéquatement le formulaire.

Consulter les [Normes de présentation des fichiers joints \(PDF\) aux formulaires FRQnet](#) disponibles dans la section Documents du portfolio électronique FRQnet pour prendre connaissance de toutes les instructions de présentation.

Dans toutes les sections du formulaire où un bouton Sauvegarder est présent, il est important de sauvegarder les informations de la page avant de cliquer sur le bouton Valider la page.

POUR  
INFORMATION  
SEULEMENT

Name:

File number: 337493

## Applicant

### IDENTIFICATION

The information below is from the **My profile** section (main menu) but the user may modify his/her first and last names. If you would like to make changes, please send an e-mail to: **centre.assistance.sante@frq.gouv.qc.ca**. Include the e-mail address that is linked to your user account and the information you would like to change.

Last name

First name

### CONTACT INFORMATION

The information is displayed for consultation purposes only and comes from the **My Profile** page of the FRQnet Electronic Portfolio. If the information is missing or incorrect, please edit it on the **My Profile** page (for the **Address Type** field, you must select **Primary Affiliation Address**).

Adress:

POUR  
INFORMATION  
-mail:

### MILIEU D'EMPLOI

\*Employeur actuel (université québécoise  
ou établissement affilié)

Unité de recherche, s'il y a lieu

Dernier diplôme obtenu

Name:

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## Pre-eligibility

I certify that I work as a research professional for a minimum of 21 hours per week at a Québec university or research organization affiliated with a Québec university.

I certify that I have a minimum of 5 years of experience as a research professional in Québec.

I certify that I am not a full-time student or postdoctoral fellow.

I certify that I am not a faculty member (regular or externally-funded) of a university.

I certify that I am a Canadian citizen or permanent resident of Canada and am currently domiciled in Québec.

I certify that I am not simultaneously applying to more than one Fonds for a Research Professionals Excellence Award.

I certify that I have never received the Research Professionals Excellence Award.

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## Title and research fields

Indiquer le titre de votre poste ou de votre fonction, puis indiquer dans quel domaine s'inscrit vos travaux de recherche ou votre champ d'activité.

**ATTENTION** : Pour que votre demande soit admissible, le Secteur 1 doit être Sciences de la santé (SNT).

**\*Titre du poste ou fonction**

Must be in French

Only if your application is written in English, complete the field hereunder.

**Title in English**

**Classification**

A complete list of permitted values for the different drop-down lists used in the Fonds research classification system is available in the [Documents](#) section.

List, in order of priority, the research sector(s) to which your research activities belong.

**\*Sector 1.**

2.

3.

4.

Indicate the main field of research to which your application belongs.

**\*Field of research**

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## Interruption or slowing down of research

This section allows you to identify, if applicable, circumstances related to the COVID-19 pandemic that may have slowed or delayed your research activities (family obligations, illness, disability, bereavement, laboratory closure, increased time spent teaching or serving the community, etc.).

The description should include the reasons and start and end dates of the interruptions or slowdown periods and their impact on this application, if any (e.g., on publications, grant applications, mentoring of incoming students, participation in scientific events, etc.).

In order to properly complete the field relating to the impacts of COVID, if applicable, consult the document « [Considering the impacts of the COVID-19 pandemic in the evaluation](#) ».

**Circumstances specifically related to the  
COVID-19 pandemic**

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## Other documents

Attach the supporting documents to your funding request. They will be added at the end of the form. **Only one file per type of document is allowed.** Make sure to use all the possible options to optimize the size of your documents (black / white, image size, Acrobat optimization options, etc.) furthermore, ensure that PDF documents are not protected and that they do not contain bookmarks.

Consult the [Presentation standards for files \(PDF\) attached to FRQnet forms](#) available in the **Documents** section of the FRQnet electronic portfolio to read all presentation instructions.

**Consult the program rules to find out which documents are required according to your situation and what specific information to provide in each document.** Any document not required will be withdrawn from the funding request for its evaluation by the scientific committee.

File name	Type of document	Date	Taille (Ko)
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## Signature and submission

### COMMITMENTS OF THE APPLICANT

I declare and warrant the following.

1. All the **information** contained in the application and all the information I shall subsequently provide related to this form or eventual funding (documents or further details required by the Fonds, reports, etc.) is and shall be **accurate and complete**. I shall notify without delay the FRQ of any changes to the information I entered.
2. The Co-Investigators who will contribute to the research project and the other project collaborators listed in my application, if applicable, have confirmed their commitment to the research project and **authorized me to provide their personal and confidential information**.
3. I have read and agree to comply with the obligations set out in the **Common General Rules** of the Fonds de recherche du Québec (Fonds de recherche du Québec – Nature et technologies, Fonds de recherche du Québec – Santé, Fonds de recherche du Québec – Société et culture, hereinafter the “FRQ”) and the **FRQ’s open access policy for the dissemination of research** (see the DOCUMENTS tab), as they are updated periodically, and meet the terms set out in the **Program rules** to which I am applying, as well as all other terms set out in the award or grant letter and at the time the payments are made.
4. I have read and shall comply with the standards of ethics and integrity of the FRQ, including those set out in the set out in *Standards sur l'éthique de la recherche en santé humaine et l'intégrité scientifique* (see the DOCUMENTS tab), as it is periodically updated, and the ensuing obligations and subscribe to the best practices in my area of research.
5. I have read and shall comply with the provisions of the *Policy for the Responsible Conduct of Research* of the FRQ (see the DOCUMENTS tab), as it is periodically updated, as well as those set out in institutional policies with regard to the responsible conduct of research, as they apply to my research activities. In the event of a breach of responsible conduct of research allegation, I accept that the FRQ may exchange personal and confidential information concerning myself with the managing institution and the following organisations, if applicable, in Canada or abroad: their financial partners for the program to which the allegation relates; any institution concerned by the allegation; and any public research funding agency concerned by the allegation. This information may include: the allegation, the supporting documents, the review reports, etc.
6. I am not currently ineligible to receive funding from a Canadian or international research funding agency as the result of a **substantiated case of breach**.
7. I shall advise the Fonds to which I am submitting the application should I become ineligible to apply for funding or receive funding from a Canadian or international research funding agency as the result of a **substantiated case of breach**. The continuation of any FRO funding may then be considered by the FRQ Responsible Conduct of Research Committee.
8. I understand that **failure to comply with any of these commitments** may lead to the withdrawal of my application from the review process, or to the suspension, withdrawal, termination or even reimbursement of funding, or any other type of **administrative penalty** related to the privileges granted by the FRQ.

### AUTHORIZATION REGARDING PERSONAL AND CONFIDENTIAL INFORMATION SUBMITTED AS PART OF THE APPLICATION PROCESS

The information entered on the funding application forms and all other forms relating to the management of eventual funding shall be treated confidentially and in accordance with the *Act respecting Access to Documents Held by Public Bodies and Protection of Personal Information* (CQLR c A-2.1, hereinafter *the Act*), as well as with the *Statement regarding the protection of personal and confidential information*, see the DOCUMENTS tab, hereinafter the “Statement”).

- I have read the *Statement* and authorize the Fonds to keep, use and release all the personal and scientific information contained in my personal file, in accordance with the terms set out in the *Statement* and the *Act*, and on the condition that the individuals authorized to access my personal information undertake to treat it confidentially.

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**Identification**

**I accept:**  Yes  
 No

**Instructions** **Step 1:** Please validate the submission of your electronic form to make sure all sections needed are filled.  
**Step 2:** Submit your electronic form at the FRQS, before the deadline.  
**IMPORTANT NOTICE:** This is a final submission. No modification can be made after the submission.