

Registration

THIS IS A DEFAULT ENGLISH VERSION OF THE FORM. 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.

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. **Assurez-vous de répondre aux critères d'admissibilité.**

Consulter les [Normes de présentation des fichiers joints \(PDF\) aux formulaires FRQnet](#) pour prendre connaissance de toutes les instructions de présentation.

ATTENTION : Assurez-vous d'utiliser le formulaire correspondant au programme de bourse choisi. En cas d'erreur, vous devrez abandonner la demande et en recommencer une nouvelle. Notez qu'il peut exister plus d'un formulaire pour un même programme lorsque divers volets sont disponibles.

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: 322722

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: **correction.sc@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 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:

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-mail:

Name:

File number: 322722

Pre-eligibility

I have read the rules of the program in which I am applying.

J'atteste que mon milieu de stage est soit une université, un organisme ou une industrie avec un département de recherche et qu'il est situé à l'extérieur du Québec.

J'atteste que pendant mon stage, je serai inscrit(e) à temps plein, dans un programme de maîtrise ou de doctorat en recherche ou en recherche-crédation, dans une université québécoise.

Je confirme que mon stage doit se terminer au plus tard au terme de ma neuvième session d'inscription à temps plein à la maîtrise ou de ma dix-huitième session d'inscription au doctorat.

J'atteste que mon milieu de stage n'est pas le lieu de ma cotutelle.

J'atteste que mon stage ne vise pas que la poursuite de cours ou de séminaires.

J'atteste que mon stage ne vise pas la poursuite d'un stage obligatoire ou de cours obligatoires crédités dans le cadre du programme de formation de maîtrise ou de doctorat.

J'atteste qu'au moment du début du stage, ma scolarité obligatoire dans le cadre du programme d'études sera terminée et le projet de maîtrise ou de thèse aura reçu l'approbation finale des instances désignées.

Au moment de transmettre le formulaire, j'atteste que je possède une carte de RAMQ valide.

À la date de l'octroi de la bourse de maîtrise ou de doctorat, j'atteste que j'étais de citoyenneté canadienne et domicilié(e) au Québec au sens de la loi sur l'assurance maladie du Québec, et muni(e) d'une carte de RAMQ valide ou d'une preuve de domiciliation à la RAMQ.

Canadian residency status

Are you currently domiciled in Québec within the meaning of the Québec Health Insurance Act? Yes No

Since when have you lived in Québec? If you have always lived in Québec, enter your date of birth

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Program / Host organization

Établissement de votre programme de
recherche actuel 

*Nom de la personne qui dirige/supervise
votre mémoire ou votre thèse

400 caractères

Indiquer le milieu du stage proposé (université, organisme ou industrie avec département de recherche).

*Milieu de stage proposé

Department / Administrative Unit / School /
Campus / CCTT

City

Country

POUR

Préciser le nom et prénom de la personne qui assurera la supervision du stage en milieu d'accueil.

*Nom de la personne qui assurera la
supervision du stage en milieu d'accueil

*Prénom de la personne qui assurera la
supervision du stage en milieu d'accueil

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Durée et date du stage

Degree sought

Specialisation

Discipline

Durée du stage

Date de début du stage (année/mois)

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Requested supplement

Estimé des coûts admissibles

Le montant maximum remboursable pour l'ensemble des frais de séjour indexés et les frais de déplacement est de 10 000 \$ canadiens.

Estimated expenditure (\$)

*Frais de scolarité (maximum 4000\$)

*Frais de déplacement

*Frais de séjour

TOTAL POUR

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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 studies or research activities (work, part-time studies, parental leave, family obligations, illness, disability, etc.).

The description should include the reasons and start and end dates of the interruptions or periods of slowdown and their impact, where applicable (e.g., on publications, participation in research projects, travel outside Québec, etc.).

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

**Other circumstances (not related to the
pandemic)**

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Description de la nature du stage

Décrire le stage proposé en prenant soin de répondre aux critères d'évaluation suivants :

- Projet de stage (50 points)

Objectifs et pertinence du stage;

Adéquation entre le projet de maîtrise ou de thèse et le projet de stage;

Valeur ajoutée du stage (pour le milieu d'accueil et pour la personne candidate).

- Calendrier des réalisations (20 points)

Pertinence des activités;

Réalisme du calendrier.

- Milieu d'accueil et encadrement (30 points)

Qualité du milieu d'accueil et de l'encadrement.

Le document, d'au plus 2 Mo, doit contenir un maximum de (3) pages, être bien lisible et être joint en format PDF.

File name	Type of document	Date	Taille (Ko)
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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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POUR
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Name:

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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 any funding obtained (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 have entered.
2. The co-investigators named in my application as taking part in the research project or program and other project collaborators, if applicable, have confirmed their desire to participate in the research project or program and I **have obtained their authorization 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, as they are updated periodically (see the « DOCUMENTS » tab), and to comply with all terms and conditions set out in the *Rules of the funding program* 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 agree to comply with the standards of ethics and integrity of the FRQ, including those set out in the *Politique d’éthique et d’intégrité* (see the « DOCUMENTS » tab), as updated periodically, taking into account any adaptations applicable in Québec and the ensuing obligations, and to subscribe to the best practices in my area of research.
5. I have read and agree to comply with the provisions of the *Agency for the Responsible Conduct of Research* of the FRQ (see the « DOCUMENTS » tab), as updated periodically, 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 substantiated case of breach of responsible conduct of research in connection with my research activities, I agree that the final report following the complaint’s review, including my personal information, shall be transmitted to the FRQ so that the agencies may take appropriate measures. These measures may include sanctions related to the FRQ funding, as well as sanctions pertaining to my eligibility to receive FRQ funding. Should urgent intervention be required to prevent or end damages, the institution may communicate relevant information to the FRQ without awaiting the outcome of the consideration of the complaint.
6. I am not currently ineligible to receive funding from a Canadian or international public funding agency as the result of a **substantiated breach of responsible conduct of research**.
7. I shall immediately advise the Fonds to which I am submitting this application should I become ineligible to apply for funding or receive funding from a Canadian or international public funding agency as the result of a **substantiated breach of responsible conduct of research**. The continuation of any FRQ funding may be subject to review 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 an 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 any 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 in applicant and funding holder files* (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.

Name:

File number: 322722

Identification

**You must agree with the commitments
and authorization.**

- Yes
 No