

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: 339449

Applicant

IDENTIFICATION

The information below is from the **My profile** section (main menu). 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

This 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, you can change it on the **My Profile** page: select **Primary Affiliation Address** for the **Address type** field.

Adress:

POUR
INFORMATION
SEULEMENT

-mail:

Name:

File number: 339449

Pre-eligibility

I certify that during my internship, I will be enrolled as a full-time student in a master's or doctoral research or research-creation program at a Québec university.

I certify that my internship host is a university, an organization or an industry with an R&D department and is located outside Québec.

I certify that my internship host is not my cotutelle institution.

I certify that my internship is not intended for the completion of a mandatory internship or mandatory coursework to be credited towards my master's or doctoral program.

I certify that my internship is not intended solely for the pursuit of coursework or lectures.

I certify that my internship is not intended to pursue a research filed for the thesis research projet (e. g. data collection, interviews, completion of the creation portion, etc.)

I certify that, at the beginning of the internship, I will have completed all required coursework for the program of study, and my master's project or thesis topic will have received final approval from the designated authorities.

I confirm holding a FRQSC Master's or Doctoral Research scholarship.

I confirm that my internship must end no later than the end of the ninth full-time semester of my master's program or the eighteenth semester of my doctoral program.

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

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

POUR
INFORMATION
SEULEMENT

Name:

File number: 339449

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
INFORMATION
SEULEMENT

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

INFORMATION
SEULEMENT

Durée et date du stage

Degree sought
Specialisation
Discipline
Durée du stage
Date de début du stage (année/mois)

Name:

File number: 339449

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

INFORMATION
SEULEMENT

Name:

File number: 339449

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)
-----------	------------------	------	-------------

POUR
INFORMATION
SEULEMENT

Name:

File number: 339449

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.

If the files attached to the form are in English, you can include an English title and summary to facilitate the recruitment of evaluation committee members.

File name	Type of document	Date	Taille (Ko)
-----------	------------------	------	-------------

POUR
INFORMATION
SEULEMENT

Name:

File number: 339449

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 own all rights to the content of this application and take full responsibility for it. Where applicable, these responsibilities are shared with my co-researchers.
4. 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 Dissemination Policy**, as they are updated periodically (see the « DOCUMENTS » tab), and to comply with all terms and conditions 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.
5. I have read and agree to comply with the standards of ethics and integrity of the FRQ, including those set out in the *Tri-Council Policy Statement* (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.
6. I have read and agree to comply with the provisions of the *Policy 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 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 report, etc.
7. 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**.
8. 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.
9. 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* (see the « DOCUMENTS » tab, hereinafter the "Statement").

