



Canadian Institutes of Health Research

Natural Sciences and Engineering Research Council of Canada

Social Sciences and Humanities Research Council of Canada

Instituts de recherche en santé du Canada

Conseil de recherches en sciences naturelles et en génie du Canada

Conseil de recherches en sciences humaines du Canada

**Canada Research Training Awards Suite – Research Travel Supplements (CRTAS-RTS) application form**

<b>Part 1: Award holder information</b>		
Family name	Given name and initial(s)	PIN (if known)
Email	Telephone number	
Address		
<b>Part 2: Current award and institution information</b>		
<input type="checkbox"/> CIHR	<input type="checkbox"/> NSERC	<input type="checkbox"/> SSHRC
Type of award	Application number	Committee number (NSERC only)
Faculty/department	Institution	Research institution (CIHR only)
Start date of award (yyyy/mm/dd):		End date of award (yyyy/mm/dd):
<b>Part 3: Project information</b>		
Title of research proposal		
Indicate the start and end dates of your proposed research travel (yyyy/mm/dd). Research travel must begin on or after the application deadline date. The supplement will support a minimum of two months (59 days) and a maximum of six months (184 days) of research travel.		
From:	To:	
Indicate the number of months of support requested _____		
<b>Location of proposed research travel</b>		
Indicate the institution and faculty or department where you plan to undertake your research.		
Full institution name		
Faculty/department	Country	
Address		



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**Part 4: Current supervisor information and confirmation of approval**

Provide information for your current master's or doctoral award research supervisor.

Family name	Given name and initial(s)
Full institution name	Faculty/department
Email	Telephone number

I confirm that the proposed activities align with the applicant's master's or doctoral award research.

Date (yyyy/mm/dd): \_\_\_\_\_ Signature: \_\_\_\_\_

**Part 5: Host supervisor information and confirmation of approval**

Provide information for your supervisor at the host institution.

Family name	Given name and initial(s)
Full institution name	Faculty/department
Email	Telephone number

I confirm that the proposed research can be conducted at the host institution.

I confirm that I have supervised graduate student researchers.

Date (yyyy/mm/dd): \_\_\_\_\_ Signature: \_\_\_\_\_

**Part 6: Confirmation of institutional approval (to be completed by the award holder's authorized institutional official)**

Current institution

I confirm that the institution has approved the research travel.

Authorized institutional official

Title: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date (yyyy/mm/dd): \_\_\_\_\_



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**Part 7: Description of the proposed research activities (to be completed by the applicant; maximum two pages)**

Provide a detailed description of your proposed research activities during your research travel, including specific objectives, methodology, timelines and expected outcomes. You must also explain how these activities relate to and enhance your graduate research studies supported by your master's or doctoral award. Describe the potential benefits you will derive from working at the host institution and with the proposed host supervisor in relation to your current research objectives.



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## Terms and conditions of applying

Before you, as an applicant, submit your application, you must read and agree to the following terms and conditions. It is your responsibility to retain a copy of the agreed terms and conditions for your records.

### You are certifying that:

- You have provided true, complete, accurate information in your funding application and related documents and you have represented yourself, your research and your accomplishments in a manner consistent with the norms of the relevant field.
- You are not currently ineligible to apply for and/or hold funds from the Canadian Institutes of Health Research (CIHR), the Natural Sciences and Engineering Research Council of Canada (NSERC) and the Social Sciences and Humanities Research Council (SSHRC) or any other research or research funding organization worldwide for reasons of breach of policies on responsible conduct of research, such as ethics, integrity or financial management policies. If at any time you become ineligible for any of these reasons, you will advise your institutional officials and the appropriate federal granting agency (CIHR, NSERC or SSHRC) immediately, in writing.
- You will comply with all of the policies, conditions and regulations referenced in the following documents, including but not limited to the [Tri-Agency Framework: Responsible Conduct of Research](#), the [Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans](#) and the [Canadian Council on Animal Care](#). This includes informing the appropriate federal granting agency of any notification of inspection or investigation by Health Canada in the case of an application for a clinical trial and the forwarding of a copy of any ensuing report to the agencies immediately upon receipt.
- If you are or have been (at any time during the past 12 months) a federal public servant, you have complied with and will continue to respect the [Values and Ethics Code for the Public Sector](#).
- In the event of any change in your eligibility status, you will inform your institutional officials immediately, in writing. They will, in turn, inform the appropriate federal granting agency (CIHR, NSERC or SSHRC).
- You consent to the sharing among the three federal granting agencies (CIHR, NSERC and SSHRC) and with any academic institution to which you are, or may become, affiliated, of any and all information, including personal information, in any way related to the application and award. You also consent to that information being used in consultation with other federal research funding agencies to determine the most appropriate review mechanism or source of funding. In some cases, where applications are deemed to be more appropriately supported by another federal agency, the complete applications may be transferred in order to facilitate and expedite the merit review process. Application information may be shared with other agencies and departments of the Government of Canada, as well as other organizations, that have established agreements with one or more of the three federal granting agencies (CIHR, NSERC, and SSHRC) and are specifically interested in supporting the research and research-related activities.



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- You understand that the following documents pertain to the information the federal granting agencies collect from and about you: the [Access to Information Act](#); the [Privacy Act](#); the [Use and disclosure of personal information provided to NSERC](#), SSHRC's [Collection, use and disclosure of personal information](#) and CIHR's [Info source – Sources of federal government and employee information](#).

If you fail to comply with any of the above, you may be subject to the process and recourse outlined in the [Tri-Agency Framework: Responsible Conduct of Research](#).

**You are also confirming that, during tenure of the award, you will comply with the terms and conditions of the award.**

**Consent to disclosure of personal information:** You understand that maintaining public trust in the integrity of researchers is fundamental to building a knowledge-based society. By submitting any application or by accepting funding from CIHR, NSERC or SSHRC, you affirm that you have read and you agree to respect all the policies of these agencies that are relevant to your research, including the relevant provisions of the [Tri-agency Framework: Responsible Conduct of Research](#). In cases of a serious breach of agency policy, the agency may publicly disclose any information relevant to the breach that is in the public interest, including your name, the nature of the breach, the institution with which you were affiliated at the time of the breach, the institution with which you are currently affiliated, and the recourse imposed against you. You accept this as a condition of applying for, or receiving, agency funding, and you consent to such disclosure. If you do not agree to the disclosure of your personal information, you cannot participate in this application. For further information, see the [Consent to Disclosure of Personal Information Policy – Frequently Asked Questions](#).

**Confirmation of agreement to the terms and conditions**

If you have any concerns about your ability to comply with the terms and conditions listed above, contact your institutional official or the appropriate granting agency's staff responsible for the program immediately. Do not agree to the terms and conditions and do not submit your application until you are certain that you can and will comply with all of the requirements.

I confirm the truth of all statements made by me in this application and agree to all of the terms, conditions, responsibilities and obligations as set out above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (yyyy/mm/dd)