**2021/2022 ORT CONFERENCE PARTICIPATION AWARDS PROGRAM**

**Description**

The Office of Research Trainees (ORT) is committed to providing research support for research trainees at the University Health Network (UHN). To this end, the ORT is pleased to offer a limited number of conference participation awards to enable graduate students and postdoctoral fellows to participate in national and international conferences and share their research in oral and/or poster presentations. The objective of the ORT Conference Participation Awards is to advance research, enable knowledge translation and contribute to the career development of UHN research trainees.

**Funds Available**

The value of individual awards will be **up to $500** to be used for conference participation.

**Deadlines**

Meetings and conferences occur throughout the year. In order to have awards adjudicated in advance, there will be three application deadlines:

* **Deadline November 8, 2021 for conference participation between January - April 2022 (inclusive)**
* **Deadline April 21, 2022 for conference participation between May – August 2022 (inclusive)**
* **Deadline July 14, 2022 for conference participation between September – December 2022 (inclusive)**

**Eligibility to Apply**

1. Applicants must be a UHN graduate student or postdoctoral fellow with a PhD at the time of applying and attending the conference they are requesting funding for.
2. Trainees must have at least 75% protected time dedicated to research.
3. Trainees must be registered with the ORT at the time of application. Registration can be completed [here](https://ortregistration.uhnresearch.ca/). If you are unsure of your registration status, please email ort.admin@uhnresearch.ca.
4. Trainees who hold scholarships or fellowships that include a research allowance, which can be used for travel (e.g., CIHR) are not eligible.
5. Applications which meet all the requirements will be entered into a lottery. The number of award recipients per UHN Institute will be relative to the number of trainees at each Institute.
6. Successful applications will be notified *prior* to the conference. Instructions will be sent to the trainee regarding the procedure used for ORT to reimburse the lab’s Functional Cost Centre. It is the trainee’s responsibility to submit all documentation for reimbursement.
7. The award recipient must be the first author and presenter of the oral and/or poster presentation.
8. Successful awardees will be expected to acknowledge their receipt of a UHN ORT Conference Participation Award in their conference presentation.
9. Awardees will also present conference reports to their lab, inviting other UHN trainees or PIs who may wish to learn from their experience.
10. Trainees are eligible to win 1 award per year. Supervisors can nominate a maximum of 2 trainees per competition.

**Allowable Costs**

Expenses eligible for support through the ORT Conference Participation Awards program include:

1. Travel and accommodation for participant (all travel will be by the lowest economy fare).
\*\* Travel outside of Toronto is subject to UHN Travel Policies\*\*
2. Conference registration fees
3. Printing costs (i.e., posters)

The ORT encourages trainees to consult with their PIs, in advance, to discuss lab policies surrounding allowable conference expenses and the use of trainee awards to offset costs.

**2021/2022 UHN ORT CONFERENCE PARTICIPATION AWARDS**

**APPLICATION FORM**

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| **Trainee Information** |
| Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Position: [ ]  Graduate Student, MSc [ ]  Graduate Student, PhD [ ]  Postdoctoral Fellow [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_If you selected Graduate Student, please indicate what year of your studies you are currently in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_If you selected Postdoctoral Fellow, please indicate the degrees you have completed: PhD [ ]  MD [ ]  |
| Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Research Institute: [ ]  Krembil Research Institute  [ ]  McEwen Stem Cell Institute [ ]  Princess Margaret Cancer Center [ ]  TECHNA  [ ]  TIER [ ]  Toronto General Research Institute [ ]  Toronto Rehabilitation Institute/KITE |
| **Supervisor Information** |
| Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Research Institute:­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Position at UHN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Conference Information** |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Dates of Attendance (mm/dd/yy): From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| Abstract Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **Budget Request (Estimated cost of conference registration)** |
| Registration: $\_\_\_\_\_\_\_\_\_\_\_\_\_ Travel: $\_\_\_\_\_\_\_\_\_\_\_\_\_ Lodging: $\_\_\_\_\_\_\_\_\_\_\_\_\_ Total: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Trainee Attestation:** |
| I attest that I have at least 75% protected research time at a UHN Research Institute. [ ]  Yes [ ]  NoI attest that I am the first author and presenter of the oral and/or poster presentation.[ ]  Yes [ ]  No |  |
| Do you currently hold a fellowship/scholarship that includes a travel/research allowance? [ ]  Yes [ ]  NoIf you answered “Yes,” please indicate the name of the award(s) and amount(s) dedicated to conference participation here:Enter names of awards/funding here:  |   |
| How will this conference benefit you as a trainee? Please briefly explain in 2-3 sentences.Enter your response here:  |  |
| **Checklist of attached documents:** |
| I have ensured that the following items have been completed and that my application is submitted in **ONE (1) .pdf file**[ ]  The application form, including trainee and supervisor attestation, is completed and signed by both me and my PI.[ ]  I have registered with the ORT.[ ]  Proof of confirmation of acceptance from the conference. \*\*If unavailable at time of submission, proof of submission is acceptable until proof of confirmation is available\*\*[ ]  I understand that failure to complete and/or submit any of the above items is grounds for disqualification. |
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| **Supervisor Attestation:** |
|  I confirm that the nominated trainee has at least 75% protected research time at a UHN Research Institute.  [ ]  Yes [ ]  No I confirm that I haven’t nominated more than **two (2)** trainees this award competition. [ ]  Yes [ ]  No |
| How do you feel this conference will benefit the applicant’s training? Please briefly explain in 2-3 sentences.Enter your response here |

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| We affirm that the provided information and attached materials are true and accurate representations to the best of our understanding.  |
| Signature of Trainee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| **NOTE:** ORT financial contributions for this initiative are subject to availability of funds. Should ORT funding levels be deemed insufficient due to unforeseen circumstances, ORT reserves the right to reduce, defer or suspend financial contributions to awards received. Funding for this program is limited and only a fixed number of awards will be given. It is anticipated that demand will exceed the available funding. Successful applicants are to inform the ORT if they are no longer attending the conference for which they received this award, in which case, the award will be withdrawn. These applicants are eligible to apply in future competitions. |