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| **SRCR TRAVEL GRANT APPLICATION FORM:****6th WORLD CONFERENCE ON RESEARCH INTEGRITY** |
| The application form can be sent to the Secretariat on Responsible Conduct of Research by email atsecretariat @rcr.ethics.gc.ca or by mail to:160 Elgin Street, 9th Floor, Ottawa, ON K1A 0W9If you have any questions please call: 613-996-0072 or email: secretariat@rcr.ethics.gc.ca |
| **APPLICANT** |
| **Name**  |
|  |
| **Title / Position / Department and Faculty of Applicant** |
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| **Applicant’s involvement or interest in RCR at institution** |
|  |
| **Telephone** |  |
| **Email** |  |
| **Signature** |  |
| **APPLICANT’S INSTITUTION**  |
| **Name of institution (Institution must be eligible to administer Agency funds)** |
|  |
| **Address of institution (street, city, province, postal code)** |
|  |
| **SENIOR INSTITUTIONAL OFFICIAL APPROVING THE APPLICATION** |
| **Name** |
|  |
| **Title / Position**  |
|  |
| **Rationale for endorsement of application / Relevance of RCR to applicant’s role at institution** |
|  |
| **Telephone** |  |
| **Email**  |  |
| **Signature** |  |
| **CONTACT PERSON RESPONSIBLE FOR FINANCIAL ADMINISTRATION OF GRANT** |
| **Name**  |
|  |
| **Title / Position** |
|  |
| **Telephone** |  |
| **Email** |  |
| **Signature** |  |
| **ESTIMATED AIR FARE, ACCOMMODATION AND CONFERENFCE REGISTRATION EXPENSES** |
| **Air fare (economy class):****Single accommodation (hotel or Airbnb):****Conference registration:**  |
| **APPLICANT’S GOALS AND OBJECTIVES FOR ATTENDING 6WCRI** |
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| **DESCRIBE HOW APPLICANT WILL SHARE RCR KNOWLEDGE GAINED AT CONFERENCE WITHIN INSTITUTION** |
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