



Dr. Janet McElhaney Dietetic Learners Research Award

This form, plus a copy of the information form must be submitted to the NOSM University Northern Ontario Dietetic Internship Program Office by June 30th.

Please send the complete application package via email to: nodip@nosm.ca.

Applicant Name:	Do you have a NOSM University Faculty appointment? <div style="text-align: center; margin-top: 5px;">Yes No</div>
Applicant Email:	City, town, or community where the research will be conducted:
List co-investigator(s) and any associated institution(s):	
Title of the project:	
Keywords describing the project (list up to five):	
Is there other funding involved in this project? Yes No	
If yes, please list the partnering funding institutions or sponsors, and the level of support:	

Special Requirements:

Has this project received research ethics board approval and/or exemption? Yes No

If yes, please provide the institution and the ethics approval number.

Institution:

Ethics approval number:

Please indicate which criteria related to Geriatric Care are applicable.

- | | | |
|---------------------------------|-------------------------|--|
| Geriatric Medicine | Geriatric Mental Health | Care of Older Adults |
| Interprofessional Collaboration | Social Accountability | Food Security |
| LGBTW2S populations | Indigenous populations | Unhoused or living in
substandard housing |

Budget Information:

Please note this is a one-year funding opportunity and funds must be spent within one calendar year of receiving the award. If funds are used for conference attendance, the recipient is required to submit a project abstract for a poster or oral presentation to the applicable conference. Note that Research Ethics Board approval is required for abstract submissions.

Project Start Date:

Project End Date:

Budget Item Total		
Category	Description	Amount
Equipment/Supplies		
Services		
Knowledge Translation (abstract submission, publication, conference registration, etc)		
Other (please list)		
Grand total		

Summary of the project:

Please complete the NODIP project information form and attach it to this application.

Signatures:

Signature of Applicant:

Date:

The signature of the Applicant indicates acceptance and willingness to carry out the work as described in the application and within the established budget as written. All research activity will be undertaken in accordance with terms and conditions of the funding institution (NOSM University) and the practice-based guidelines of the Northern Ontario Dietetic Internship Program. The Applicant (Principle Investigator) also accepts responsibility for any over-expenditure on the award.

Signature of Program Manager:

Date:

The signature of the Program Manager confirms the applicant is in good standing within NODIP and NOSM University and acknowledges the research activity described and accepts the availability of resources, including space and the proposed time commitment of the applicant to the project.