SRCR WCRI Travel Grant Application Form

To apply for a SRCR WCRI Travel Grant, the Applicant must complete this application form. The completed application form, along with all relevant supporting documentation (including a letter of support from their institution) must be submitted **in PDF format** to the Secretariat on Responsible Conduct of Research by email (secretariat@srcr-scrr.gc.ca). The submission deadline is **December 17, 2025**.

Applications will be considered final upon submission and will be evaluated based solely on the information provided at that time. Applications that are missing information or that are submitted without appropriate supporting documentation will not move forward in the competition process.

Applicant Information

Name, Title, Department/Faculty					
Role at Institution					
Graduate student					
Postdoc					
Faculty member					
_	Institutional Administrator				
Other (specify belo	Other (specify below)				
	·				
DOD 5 14 1					
RCR Forum Membership					
Existing member					
Interested in becor	ning a member				
Telephone number					
Telephone number		Email address			
Telephone number		Email address			
Name of Institution (administer Agency funds - see <u>CIHR</u> , <u>NSERC</u>			
Name of Institution (
Name of Institution (and <u>SSHRC</u>)	must be eligible to	administer Agency funds - see <u>CIHR</u> , <u>NSERC</u>			
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Name of Institution (and <u>SSHRC</u>)	must be eligible to	administer Agency funds - see <u>CIHR</u> , <u>NSERC</u>			
Name of Institution (and <u>SSHRC</u>) Complete mailing ad	must be eligible to	administer Agency funds - see <u>CIHR</u> , <u>NSERC</u>			
Name of Institution (and <u>SSHRC</u>)	must be eligible to	administer Agency funds - see <u>CIHR</u> , <u>NSERC</u>			
Name of Institution (and <u>SSHRC</u>) Complete mailing ad	must be eligible to	administer Agency funds - see <u>CIHR</u> , <u>NSERC</u>			
Name of Institution (and SSHRC) Complete mailing ad Signature of	must be eligible to	administer Agency funds - see <u>CIHR</u> , <u>NSERC</u>			
Name of Institution (and SSHRC) Complete mailing ad Signature of	must be eligible to	administer Agency funds - see <u>CIHR</u> , <u>NSERC</u>			

Endorsement of the Applicant*

*Letter of support required Name, Role, Department/Faculty Telephone number Email address Signature Date **Approval of Senior Official*** *If different from the individual endorsing the Applicant Name, Role, Department/Faculty Telephone number **Email address** Signature Date

Individual Responsible for the Financial Administration of the Travel Grant

Name, Role, Department/Faculty					
Telephone number		Email address			
Signature					
Date					

Section 1. Goals & Objectives

applies to

3.	Dissemination of information (<i>maximum 1,800 characters</i>) Describe your plan to disseminate the information and knowledge gained from the conference and how you intend to enhance your institutions' understanding of RCR and/or build on its existing RCR structures (e.g., training curriculum, policies).		

Section 2. Estimated Expenses

Complete the table below with the estimated cost of each expense. Supporting documentation for each estimated expense must be submitted with the application*.

ATTACHMENT(S) REQUIRED: estimates from conference, travel, and/or hotel web sites (e.g., screenshots, etc.).

Expense Type	Estimated Cost (CAD)	Attached File Name
Conference Registration (exclude	\$	
conference dinner - it is not covered		
by the travel grant)		
Travel (where applicable, economy	\$	
fare only; excludes seat selection and		
insurance)		
air		
rail		
bus		
personal vehicle		
Accommodation (single occupancy)	\$	
TOTAL	\$	
	1	1

^{*}Attachments must be clearly labelled, numbered, and referenced within the application.