

## CF Canada-Sick Kids Program for individual CF therapy Training program travel award application form

Please note that for successful applications, only actual documented expenses for travel to SickKids to participate in a training program through the Program for Individual CF Therapy will be reimbursed, subject to Sick Kids policy guidelines including reasonable accommodation, meal and travel expenses. The maximum allowable reimbursement for meals and non-alcoholic beverages is \$60 CAD per day inclusive of a 10-15% gratuity, with no single meal to exceed \$40. Note: under no circumstances will alcoholic beverages be reimbursed. Economy travel only will be reimbursed. Reimbursement will only occur after all relevant original receipts, boarding passes and a travel award expense form are submitted upon completion of travel. Travel awards have a **maximum value of \$2500.00 CAD** or the total of all valid and eligible expense receipts submitted (subject to the above noted limits), whichever is **less**. Under no circumstances will reimbursement be made before travel has occurred. Canadian trainees are eligible for the training travel awards. A limited number of awards will also be available for researchers outside of Canada to attend the training. Only trainees from academic institutions will be eligible for these awards.

Application deadline: March 31, 2019.

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Name:					
E-mail address:					
Phone number:					
Position: (graduate studer	postdoc, research technician, research associate, etc.)				
Supervisor:					
Country of residence:					
Institution:	Type (please circle):	Type (please circle):			
	Academia Industry				
Application submission da	): :				

Have you received any other sources of travel funding to attend this training? If yes, please specify source and amount:

etc.)	ce (describe all releva	int tissue cuitur	e experience,	experi	ence with IPS cells,
Please describe yo	ur current or propos	ed research:			
Please describe ho aid in your researc	ow this/these worksho h:	op(s) and/or res	ources provid	ed by t	the Program will
Budget: Please pro	ovide a budget for you	ur estimated tra	vel expenses.		Total cost
accommodations,	Bescription		Date		(estimate)
meals, other)					
			1	Total:	
Have you attached	a training course ap	plication form?			
•					
	□ Yes	□ No			
Have you attached	a 1-2 page CV?				
	□ Yes	□ No			
	to <u>peckford@sickkic</u> is successful you wil				

Please e-mail form to <a href="mailto:peckford@sickkids.ca">peckford@sickkids.ca</a> well in advance of your interested training date. If your application is successful you will be informed of the closest training date to your interested time frame. For any questions about this application and the training program please contact the CF Canada-Sick Kids Program for individual CF therapy Program Manager, Dr. Paul Eckford at <a href="mailto:peckford@sickkids.ca">peckford@sickkids.ca</a>.