This is not an application form. This is a copy of the application questions solely for reference purposes.

FoM Summer Student Research Program Submission Instructions
Deadline: February 15, 2024 [4:00PM]

Eligibility

- The competition is only open to currently registered UBC MD (years 1 and 3) and non-MD undergraduate students. Dentistry, nursing, and non-UBC students are not eligible.
- All students must be in good academic standing and must also have a minimum GPA/rank of 75% (see adjudication criteria for clarification).
- Students and supervisors are encouraged to discuss project expectations, schedules and timelines in advance of agreeing to work together. Due to the short summer break of Yr 3 MD students, we will be offering 4-week FoM SSRP awards for this cohort only.
- This year's FoM SSRP funding period must occur between June 1 - August 31, 2024 but the 8 (or 4 if applicable) weeks of funding need not be consecutive.
- Each student and supervisor may only submit one application (can be submitted by the student or the supervisor). Multiple applications from the same individual will be disqualified and not put forward for adjudication.

Instructions

1. In addition to these instructions, we suggest you review the following prior to starting the application:
   - Adjudication Criteria
   - Consent Form/Student Supervisor Agreement

2. All applications must be submitted via our online application system (URL below). The application form was created using Qualtrics, a Canadian-hosted solution that meets strict BC privacy legislation. All FoM SSRP applications must be submitted using the online application form

3. To simplify the online application process, we suggest you review the applications questions below and prepare the required items/information prior to starting the online application.

4. The first step of the online application requires you to enter an email address for registration. You must use a unique email address for each application (i.e. research coordinators submitting applications on behalf of multiple PIs will not be able to use one email address for multiple applications).

5. Please note that you are able to complete the application in multiple sittings by returning to the website and entering the email address you originally used to register your application.

6. Go to to complete and submit your application online.

Notes on the Student-Supervisor Agreement form
- E-signatures are acceptable for the student-supervisor agreement form (a typed name is not equivalent to an e-signature) or you can upload a scan of the signed hardcopy. Upload the signed form as part of the online application.

- Supervisors with Instructor level or clinical appointments require an additional signature from their Department Head, School Director, or other designated signing authority as listed on the FoM signing authority list.
- Please save your file in the following format: **Student Last name, First name - Agreement**

CONTACT INFORMATION

Courtney Bryce (Student Research & Education Coordinator)
fom.ssrp@ubc.ca

Additional information on the FoM SSRP, including Frequently Asked Questions, funding terms and general program procedures can be found on the FoM SSRP website www.med.ubc.ca/ssrp.

FoM Summer Student Research Program Application Questions

This competition is only open to currently registered UBC undergraduate students:

MD undergraduate students must be registered in year 1 or 3 of the UBC MD Undergraduate Program.

Non-MD undergraduate students must be registered in a direct-entry UBC undergraduate program at the close of the application period, i.e. W2 semester (the FoM SSRP award can be held immediately after graduation).

Please review the following materials prior to starting the application: adjudication criteria, Submission Instructions **and the** Student-Supervisor Agreement.

Additional information on the FoM SSRP, including eligibility, funding terms, adjudication criteria and general program procedures can be found on the FoM SSRP website. Each individual (student or supervisor) may only be listed as a primary applicant on one application (can be submitted by the student, the supervisor or another study team member). Additional applications naming the same primary applicant(s) will be disqualified and not put forward for adjudication.

Please note: all questions in this application are required unless otherwise stated. Please ensure you have filled out the entire application before submission to avoid penalties or possible disqualification of your application.

You are able to complete this application in multiple sittings by returning to this website and entering the email address you used during the original registration step. To navigate through the application access the table of contents by clicking "contents" at the bottom of the page or clicking the drop down menu in the upper left corner. You can also navigate the application using the "next" and "back" buttons.

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Student Information

Reminder that an individual student can only be named as an applicant on one application

Student Last Name:

Student Legal First Name (must be the same as on Student Services account):

Student Preferred First Name:

Student Preferred Pronoun:
*answers to this question are collected for aggregate purposes only and do not have any impact on the selection of awardees.

- ○ He/Him/His
- ○ She/Her/Hers
- ○ They/Them/Theirs
- ○ Specify:_____
- ○ Prefer not to answer

Do you identify as Indigenous, that is, First Nation (North American Indian), Métis or Inuk (Inuit)?
*answers to this question are collected for aggregate purposes only and do not have any impact on the selection of awardees.

- ○ Yes
- ○ No
- ○ Prefer not to answer

Do you identify as a person with a disability as described in the Accessible Canada Act?
The Accessible Canada Act defines disability as "any impairment, including a physical, mental, intellectual, cognitive, learning, communication or sensory impairment-or a functional limitation-whether permanent, temporary or episodic in nature, or evident or not, that, in interaction with a barrier, hinders a person's full and equal participation in society."
*answers to this question are collected for aggregate purposes only and do not have any impact on the selection of awardees.

- ○ Yes
- ○ No
- ○ Prefer not to answer

Do you identify as a member of a visible minority in Canada?
*answers to this question are collected for aggregate purposes only and do not have any impact on the selection of awardees.

- ○ Yes
- ○ No
- ○ Prefer not to answer

The student partner is a:

○ MD undergraduate student
○ Non-MD undergraduate student

Program:

○ Island Medical Program
○ Northern Medical Program
○ Southern Medical Program
○ Vancouver Fraser Medical Program
○ BMLSc (Bachelor of Medical Laboratory Science)
○ BMW (Bachelor of Midwifery)
○ BSc (Bachelor of Science) – UBC Vancouver
○ BSc (Bachelor of Science) – UBC Okanagan
○ PharmD (Bachelor of Science, Pharmacy)
○ Bkin (Bachelor of Kinesiology)
○ BA (Bachelor of Arts)
○ BPSc (Bachelor of Pharmaceutical Sciences)
○ Other (Please Specify)

Student's Faculty (as per their degree program):

○ Faculty of Applied Science
○ Faculty of Arts
○ Faculty of Education
○ Faculty of Forestry
○ Faculty of Land and Food Systems
○ Faculty of Medicine
○ Faculty of Pharmaceutical Sciences
○ BSc (Bachelor of Science) – UBC Okanagan
○ PharmD (Bachelor of Science, Pharmacy)
○ Bkin (Bachelor of Kinesiology)
○ BA (Bachelor of Arts)
○ BPSc (Bachelor of Pharmaceutical Sciences)
○ BSc (Bachelor of Neuroscience)
○ Other (Please Specify):_____

Year of study as of Feb 2024:

○ 1st year
○ 2nd year
○ 3rd year
○ 4th year or above

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Are you currently on co-op or will you be a co-op student during the summer term? *non-MD students only

- ○ Yes
- ○ No
- ○ Yes, and I've confirmed with fom.ssrp@ubc.ca

UBC Student Number:

Student Phone Number:

Student E-mail address:

This will be the address used for all communications, so this should be an account you check regularly. You are responsible for adding fom.ssrp@ubc.ca to your safe-senders list and/or regularly checking your spam folder.

By applying to the FoM SSRP I grant permission to the program to access my academic record to assist in evaluating my application.

By applying to the FoM SSRP I grant permission to the program to access my academic record to assist in evaluating my application.   Grades will be obtained internally; applicants do not need to submit transcripts or other documentation - except for:

1. non-MD applicants enrolled in programs where grades are not available on the SSC or
2. students with less than 24 UBC credits who are enrolled in two-term courses (must submit interim grades for these courses).

These applicants must contact fom.ssrp@ubc.ca **in advance of the deadline** to discuss options to obtain their marks. Failure to do this in advance of the deadline will result in the application being considered incomplete.   MD students must be in good standing. MD student grades will not be included in the evaluation process.

- ○ Yes

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Primary Supervisor Information

Reminder, an individual can only be named as a primary supervisor on one FoM SSRP application.

Supervisor Last Name

Supervisor First Name

Email Address

Primary Phone Number

Optional: Secondary Phone Number

UBC FoM Division (if applicable)

Optional: Additional affiliations
(Department/School, Centre, Hospital, unit, etc)

Supervisor Preferred Pronoun:
*answers to this question are collected for aggregate purposes only and do not have any impact on the selection of awardees.

- ○ He/Him/His
- ○ She/Her/Hers
- ○ They/Them/Theirs
- ○ Specify:_____
- ○ Prefer not to answer

Do you identify as Indigenous, that is, First Nation (North American Indian), Métis or Inuk (Inuit)?
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- ○ Yes
- ○ No
- ○ Prefer not to answer

Do you identify as a person with a disability as described in the Accessible Canada Act?
The Accessible Canada Act defines disability as "any impairment, including a physical, mental, intellectual, cognitive, learning, communication or sensory impairment-or a functional limitation-whether permanent, temporary or episodic in nature, or evident or not, that, in interaction with a barrier, hinders a person's full and equal participation in society."
*answers to this question are collected for aggregate purposes only and do not have any impact on the selection of awardees.

- ○ Yes
- ○ No

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○   Prefer not to answer

Do you identify as a member of a visible minority in Canada?
*answers to this question are collected for aggregate purposes only and do not have any impact on the selection of awardees.

○   Yes
○   No
○   Prefer not to answer

UBC Supervisor's FoM Department/School. (Main FoM appointment)

○   Anesthesiology, Pharmacology & Therapeutics
○   Audiology & Speech Sciences
○   Biochemistry & Molecular Biology
○   Biomedical Engineering
○   Cellular & Physiological Sciences
○   Dermatology & Skin Science
○   Emergency Medicine
○   Family Practice
○   Medical Genetics
○   Medicine
○   Obstetrics & Gynaecology
○   Occupational Science & Occupational Therapy
○   Ophthalmology & Visual Sciences
○   Orthopaedics
○   Pathology & Laboratory Medicine
○   Pediatrics
○   Physical Therapy
○   Population & Public Health
○   Psychiatry
○   Radiology
○   Surgery
○   Urologic Sciences
○   Other (Please specify)_____

Supervisor's Faculty Rank at UBC

○   Professor
○   Associate Professor
○   Assistant Professor
○   Instructor
○   Clinical Professor
○   Clinical Associate Professor
○   Clinical Assistant Professor
○   Clinical Instructor
○   Professor of Teaching

○ Senior Lecturer
○ Lecturer
○ Other (please specify)

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Alternative Project Contact Information (Optional)

Alternative Contact's Last Name	
Alternative Contact's First Name	
Alternative Contact's Email Address	
Alternative Contact's Phone Number	
Department	
Faculty Rank (if co-supervisor)	

Alternative Project Contact's Role (optional)

○ Administrative support
personnel
○ Co-supervisor
○ Research/Lab coordinator
○ Other (please specify)
_____

I would like the alternative contact to be copied on all FoM SSRP communications. If applicable, please inform project contacts that they will receive FoM SSRP communications.

○ Yes
○ No

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Proposed Dates for FoM SSRP Funding

Must occur between June 1, 2024 - August 31, 2024:

For non-MD and Year 1 MD Students: FoM SSRP is a full-time commitment of 280 hours (e.g. 35hr/week for 8 weeks, 28hr/week for 10 weeks).

For Year 3 MD students: FoM SSRP is a full-time commitment of 140 hours (e.g. 35hr/week for 4 weeks, 28hr/week for 5 weeks).

If you will be on vacation during your FoM SSRP funding period, it is fine to list start and end dates beyond 4/8 weeks, so long as it occurs within the 3-month funding window.

If you will be volunteering, please do not include time spent volunteering in your start and end dates.

Project length

- ○ 8-week
- ○ 4-week (for Year 3 MD students only)

Proposed Start date (YYYY/MM/DD)

[   ]

Proposed End date (YYYY/MM/DD)

[   ]

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To assist with the adjudication process, describe why you are interested in pursuing <u>this particular research opportunity</u>, what you hope to gain from your participation in this project and how this opportunity will contribute to you achieving your current and/or future educational and/or career goals.

Please note that the review process will be blind (with review documents identified only by student number). To facilitate a blind review process, please **do not use any names, gender specific pronouns or similar identifying characteristics** in this section, including collaborators' names, author names in references etc. Marks will be subtracted from applications not adhering to these guidelines.

Character Limit: 2900 characters (~410 words)

_____

_____

_____

_____

_____

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Project Attributes

Project Title

┌─────────────────┐
│   │
└─────────────────┘

Hypothesis or Research Question being addressed Character Limit: 400 characters (~55 words)

_____

_____

_____

_____

_____

Provide approximately 5 keywords that describe the proposed research project.

_____

Indicate the type(s) of research applicable to your project (Select all applicable)

- ☐ Basic Science
- ☐ Clinical
- ☐ Educational and/or Curricular
- ☐ Health Systems & Services
- ☐ Population Health
- ☐ Global Health
- ☐ Other (please specify): _____

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Indicate if your project is related to any of the following:

Some FoM SSRP funding is only available for specific research topics but other funds are available for general research. All projects will be considered for general funding (please select all applicable)

- ☐ Oncology
- ☐ Surgical oncology
- ☐ Lung cancer
- ☐ Kidney disease
- ☐ Muscular dystrophy
- ☐ Diabetes
- ☐ Pharmacology
- ☐ Psychiatry / Mental health
- ☐ Neurology
- ☐ Alzheimer's
- ☐ Parkinson's
- ☐ Cardiology
- ☐ Pulmonary
- ☐ Rheumatology and/or Arthritis
- ☐ Nutrition/Metabolism
- ☐ Healthy Aging (geroscience, society to cell, age-associated diseases, and/or prevention & intervention)

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Background and Summary of Proposed Project

Please review the adjudication criteria carefully prior to completing the following question to ensure your application is addressing the adjudication criteria outlined in "Project Attributes". Note that the project title and the hypothesis or research question you provided on the previous page will be included when evaluating this section of your application.

Summarize the proposed project including the rationale for the project, the context within the relevant field of research, the proposed research approach and the expected project outcomes. If this is an ongoing project of >8 weeks duration (or 4 weeks for MD 2022 students) clearly distinguish the expected project outcomes at the end of the FoM SSRP funding period from the overall project objectives.

Please write in lay terms for a non-specialist audience. Additionally, please be aware that this application system only supports plain text responses, no special characters or formatting can be included in your responses.

Please note that the review process will be blind (with review documents identified only by student number). To facilitate a blind review process, please **do not use any names (including in references), gender specific pronouns or similar identifying characteristics** in this section. Marks will be subtracted from applications not adhering to these guidelines. For brevity, the abbreviation TS can be used to refer to "The Student". References are not required or expected, but if you do use them, use an abbreviated style without author names as indicated above.
Character Limit: 3050 characters (~430 words)

_____

_____

_____

_____

_____

Benefit to the Student

Please review the adjudication criteria carefully prior to completing the following question to ensure your application is addressing the adjudication criteria outlined in "Benefit to the Student".

Outline the student's role in the project and describe how they will benefit from their involvement.

This section must address how involvement in this project will allow the student to gain an understanding of how to conduct high quality research. This includes addressing the opportunities to learn new skills in the context of the relevant learning objectives listed in the adjudication criteria; their anticipated interactions with other researchers; and the available resources that will contribute to a beneficial experience.

Clearly indicate which items will be completed during the FoM SSRP funding period and which (if applicable) will be completed before or after the funding period if the student and supervisor have chosen to also work together outside of the funding period. Project feasibility is considered during the adjudication process; 4-week and 8-week projects will be adjudicated separately, with appropriate consideration given to each.

Please note that the review process will be blind (with review documents identified only by student number). To facilitate a blind review process, please **do not use any names or gender specific pronouns or similar identifying characteristics** in this section. Marks will be subtracted from applications not adhering to these guidelines. For brevity, the abbreviation TS can be used to refer to "The Student".

Character Limit: 3800 characters (~540 words)

_____

_____

_____

_____

_____

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Additional Project Information

Please indicate if your project requires the following:
 (This will allow our partners to liaise with successful applicants if needed)

This project requires ethics approval (human or animal):

○ Yes
○ No

Please indicate if you:

Ethics approval can be a lengthy process and applicants are encouraged to start the approval process ASAP, unless the intention for this activity is to be a focus of the project (and the application reflects this). Waiting until after funding announcements are made to start the approval process is not advised as this usually provides insufficient time to obtain approval which may jeopardize your award (as some FoM SSRP funds require ethics approval to be in place well before the project start date, e.g. June 1st).

○ Already have ethics approval
○ Will obtain ethics approval before the FoM SSRP funding period
○ Intend for the ethics application to be undertaken as a focus of the FoM SSRP project during the funding period

This project requires access to electronic medical records (EMR):

○ Yes
○ No

Please indicate if you:

○ Already have EMR access
○ Will obtain EMR access before the FoM SSRP funding period
○ Will include the EMR application process as part of the FoM SSRP project during the funding period

This project requires operational/institutional approval:

○ Yes
○ No

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Please indicate if you:

Operational/Institutional approval can be a lengthy process and applicants are encouraged to start the approval process ASAP, unless the intention for this activity is to be a focus of the project (and the application reflects this). Waiting until after funding announcements are made to start the approval process is not advised as this usually provides insufficient time to obtain approval which may jeopardize your award (as some FoM SSRP funds require operational/institutional approval to be in place well before the project start date, e.g. June 1st).

- ○ Already have operational/institutional approval
- ○ Will obtain operational/institutional approval before the FoM SSRP funding period
- ○ Intend for the operational/institutional approval to be undertaken as a focus of the FoM SSRP project during the funding period

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Research Affiliations

Please indicate if the activity is affiliated with any of the following (select all applicable):

- ☐ BC Cancer
- ☐ BC Children's Hospital Research Institute
- ☐ Providence Health Care Research Institute
- ☐ Vancouver Coastal Health Research Institute
- ☐ Women's Health Research Institute
- ☐ Fraser Health Authority (supervisor must hold a clinical appointment, not just a research appointment)
- ☐ Interior Health Authority
- ☐ Northern Health Authority
- ☐ Provincial Health Services Authority
- ☐ Vancouver Coastal Health
- ☐ Island Health
- ☐ UBC Point Grey
- ☐ UBC Okanagan
- ☐ Island Medical Program
- ☐ Northern Medical Program
- ☐ Southern Medical Program
- ☐ Vancouver Fraser Medical Program
- ☐ Office of Pediatric Surgical Evaluation and Innovation (OPSEI)
- ☐ Edwin S.H. Leong Healthy Aging Program

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Research Location Information

If applicable, please indicate where the project will be conducted or centered.

City or Region: _____

Research Centre: _____

Hospital: _____

Program or Unit: _____

Additional information (building, lab, etc) _____

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FoM Summer Student Research Program Student-Supervisor Agreement

Link to Form

Please note that supervisors with Instructor level or clinical appointments must have this form signed by their official Department Head or School Director (or alternate designated signing authority) as indicated in the FoM signing authority list.

Upload your signed Student-Supervisor Agreement as a PDF file (must contain all required signatures)

Please save your file in the following format: "**Student Last Name, First Name – Agreement.pdf**"

Note: If you have made an error and the incorrect document has been uploaded, just drag and drop the correct file to replace it before you submit.

Warning: Not naming your agreement correctly or submitting non-PDF files will result in a penalty being applied to your overall score.

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Would you consent to your project information (including full preferred name, project title, supervisor name, project keywords, etc.) being published online by the Faculty of Medicine and/or donors?

(You are not required to provide consent, but not providing consent may reduce the chances of being offered an award.)

- ○ I consent to the online publication of my project information.
- ○ I do not consent.

Some donors require additional pre-project and post-project reporting requirements, which may include questionnaires and abstract submission. This is in addition to regular FoM SSRP post-reporting requirements.

Would you consent to the completion of additional pre-project and post-project reporting requirements if you were offered funding with additional reporting requirements?

(You are not required to provide consent, but not providing consent may reduce the chances of being offered an award.)

- ○ I agree to complete additional pre-project and post-project reporting requirements if I am offered such funding.

- ○ I would not like to be considered for funding with additional pre-project and post-project reporting requirements.

This is the end of the application. Please **ensure you have completed all the questions** before you submit your application. Every question in the application is required unless otherwise indicated. Incomplete submissions will be penalized, up to and including possible disqualification.

Once you click "Submit", you will see an end-of survey message confirming your submission. Do not close your browser or change windows until you see this confirmation screen. **It is your responsibility to ensure your submission is received (by ensuring you see the confirmation screen)**.

A copy of your application responses will be sent to the student and supervisor email addresses after submission. **During peak submission times emails may be delayed by several hours**. If you would like to have a copy of the responses sent to an additional email address, please enter it below. Thank you for your submission.

Additional email address #1

[   ]

Additional email address #2

[   ]

END OF APPLICATION