

REFERENCE PURPOSES ONLY. THIS IS NOT AN APPLICATION FORM.

Faculty of Medicine Multidisciplinary Research Program in Medicine Application

NOTE: This form is an example/template of the MRPM application. It is intended only to be used as a guide to help you prepare your application. Once your research team is ready, please visit this portal to fill out and submit an application.

Application deadline: February 6, 2025 at 4:00pm PDT

Instructions

Please review the eligibility and instruction materials prior to starting the application [here](#) as the application process has changed.

Applications must be submitted by a research team consisting of:

- One Faculty of Medicine primary supervisor
- One non-Faculty of Medicine co-supervisor
- One Postgraduate student advisor
- Two non-MD undergraduate students
- Optional: one MD student

We are no longer accepting supervisor and student applications separately. If you have an eligible research project but don't yet have students attached, please email a completed [Project Posting form](#) to med.studentresearch@ubc.ca We will advertise your project in the 'Available FoM MRPM Projects' table ([on this webpage](#)) for interested students to apply directly to you. Once you have chosen students, you can then return to this application portal to submit as a research team.

Important considerations

Primary supervisors can apply to and accept only ONE MRPM application.

Non-MD must conduct full-time research for 16 weeks (560 hours total). MD students must conduct full-time research for 8 weeks (280 hours total).

Either the primary supervisor, co-supervisor, or another designated authority may apply on behalf of the research team. Only one application per project is necessary. The application requires information about every member of the research team.

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

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Undergraduate students must be registered in a direct-entry UBC undergraduate program at the close of the application period (ie. W2 semester).

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. We recommend completing applications in a single session, however there is the option to "save and continue" the application. This will allow you to bookmark this page to return to the survey, OR you can have the survey link emailed to you by providing your email address. If you do not receive the email soon afterward, please check your Junk Email folder.

Primary FoM Supervisor Information

Supervisor Last Name*

Supervisor First Name*

Email Address*

Preferred Pronoun

Answers to this question are collected for aggregate purposes only and do not have any impact on the selection of awardees.

Primary Phone Number (XXX-XXX-XXXX)

Optional: Secondary Phone Number

UBC FoM Division (if applicable)

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

**Required field*

Primary FoM Supervisor's Faculty Rank at UBC*

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Please note that Supervisors must be above an instructor level to be eligible for funding

<input type="radio"/>	Professor
<input type="radio"/>	Associate Professor
<input type="radio"/>	Assistant Professor
<input type="radio"/>	Instructor
<input type="radio"/>	Clinical Professor
<input type="radio"/>	Clinical Associate Professor
<input type="radio"/>	Clinical Assistant Professor
<input type="radio"/>	Clinical Instructor
<input type="radio"/>	Professor of Teaching
<input type="radio"/>	Senior Lecturer
<input type="radio"/>	Lecturer
<input type="radio"/>	Other (please specify)

Primary FoM Supervisor's 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)

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Primary FoM Supervisor's Location*

Vancouver Fraser
Northern
Vancouver Island
Interior

Do you identify as Indigenous, that is, First Nation, Métis or Inuk (Inuit)?**

Yes
No
I prefer not to answer

Do you identify as a member of a visible minority in Canada?***

Yes
No
I prefer not to answer

Do you identify as a person with a disability as described in the Accessible Canada Act?*^**

Yes
No
I prefer not to answer

****Answers to these questions are collected for aggregate purposes only and do NOT have any impact on the selection of winners.**

#The [Employment Equity Act](#) defines visible minorities as "persons, other than Aboriginal peoples, who are non-Caucasian in race or non-white in colour".

^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."

Co-Supervisor Information (non-FoM)

Co-Supervisor Last Name*	<input type="text"/>
Co-Supervisor First Name*	<input type="text"/>
Email Address*	<input type="text"/>
Preferred Pronoun	<input type="text"/>
Answers to this question are collected for aggregate purposes only and do not have any impact on the selection of awardees.	
Primary Phone Number (XXX-XXX-XXXX)	<input type="text"/>
Optional: Secondary Phone Number	<input type="text"/>

Co-Supervisor's Faculty Rank at UBC

Please note that Co-Supervisors must be above an Instructor level to be eligible for funding

<input type="radio"/>	Professor
<input type="radio"/>	Associate Professor
<input type="radio"/>	Assistant Professor
<input type="radio"/>	Instructor
<input type="radio"/>	Clinical Professor
<input type="radio"/>	Clinical Associate Professor
<input type="radio"/>	Clinical Assistant Professor
<input type="radio"/>	Clinical Instructor
<input type="radio"/>	Professor of Teaching
<input type="radio"/>	Senior Lecturer
<input type="radio"/>	Lecturer
<input type="radio"/>	Other (please specify)

Co-Supervisor's Faculty

<input type="radio"/>	Faculty of Medicine
<input type="radio"/>	Faculty of Arts
<input type="radio"/>	Faculty of Sciences
<input type="radio"/>	Faculty of Applied Sciences
<input type="radio"/>	Faculty of Education
<input type="radio"/>	Other (please specify):

Co-Supervisor's Department/School

- Department of Anthropology
 - Department of Chemical and Biological Engineering
 - Department of Civil Engineering
 - Department of Cognitive Systems Program
 - Department of Computer Science
 - Department of Economics
 - Department of Electrical and Computer Engineering
 - Department of First Nations and Indigenous Studies
 - Department of Gender, Race, Sexuality, and Social Justice
 - Department of History
 - Department of Linguistics
 - Department of Materials Engineering
 - Department of Mechanical Engineering
 - Department of Microbiology and Immunology
 - Department of Nursing
 - Department of Philosophy
 - Department of Political Science
 - Department of Psychology
 - Department of Sociology
 - Department of Statistics
 - Department of Visual Arts
 - Department of Zoology
 - School of Biomedical Engineering
 - School of Kinesiology
 - School of Education
 - Other (please specify):
-

Co-Supervisor's Location*

- Vancouver Fraser
- Northern
- Vancouver Island
- Interior

Do you identify as Indigenous, that is, First Nation, Métis or Inuk (Inuit)?**

Yes

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No
I prefer not to answer

Do you identify as a member of a visible minority in Canada?*#**

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I prefer not to answer

Do you identify as a person with a disability as described in the Accessible Canada Act?*^**

Yes
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Postgraduate Student Advisor Information

Postgraduate Student Last Name*	<input type="text"/>
Postgraduate Student First Name*	<input type="text"/>
Role (ex: Master's, PhD)*	<input type="text"/>
Email Address*	<input type="text"/>
Preferred Pronoun	<input type="text"/>
Answers to this question are collected for aggregate purposes only and do not have any impact on the selection of awardees.	
Primary Phone Number (XXX-XXX-XXXX)	<input type="text"/>

Postgraduate Student's University

- UBC Vancouver
- UBC Okanagan
- Other (please specify):

Postgraduate Student's Faculty

- Faculty of Medicine
- Faculty of Arts
- Faculty of Sciences
- Faculty of Applied Sciences
- Faculty of Education
- Other (please specify):

Do you identify as Indigenous, that is, First Nation, Métis or Inuk (Inuit)?**

- Yes
- No
- I prefer not to answer

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Do you identify as a member of a visible minority in Canada?*#**

- Yes
- No
- I prefer not to answer

Do you identify as a person with a disability as described in the Accessible Canada Act?*^**

- Yes
- No
- I prefer not to answer

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Non-MD Undergraduate Student Information (one of two)

Student Last Name:	<input type="text"/>
Student Legal First Name (must be the same as on Student Services account):	<input type="text"/>
Student Preferred First Name:	<input type="text"/>
Student Preferred Pronoun*: <small>*answers to this question are collected for aggregate purposes only and do not have any impact on the selection of awardees.</small>	<input type="text"/>
UBC Student Number:	<input type="text"/>
Student Email Address:	<input type="text"/>
Student Phone Number:	<input type="text"/>

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Do you identify as Indigenous, that is, First Nation, Métis or Inuk (Inuit)?

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- Yes
- No
- I prefer not to answer

Do you identify as a person with a disability as described in the Accessible Canada Act?*

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- Yes
- No
- I prefer not to answer

Do you identify as a member of a visible minority in Canada?

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- Yes
- No
- I prefer not to answer

The student is a:

- | |
|--|
| <input type="radio"/> MD Student |
| <input type="radio"/> Non-MD Undergraduate Student |

Student Program:

- | |
|---|
| <u>MD Programs</u> |
| <input type="radio"/> Island Medical Program (IMP) |
| <input type="radio"/> Northern Medical Program (NMP) |
| <input type="radio"/> Southern Medical Program (SMP) |
| <input type="radio"/> Vancouver Fraser Medical Program (VFMP) |

Undergraduate Programs

- | |
|--|
| <input type="radio"/> BMLSc (Bachelor of Medical Laboratory Science) |
| <input type="radio"/> BMW (Bachelor of Midwifery) |
| <input type="radio"/> BSc (Bachelor of Science) – UBC Vancouver |
| <input type="radio"/> BSc (Bachelor of Science) – UBC Okanagan |

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<input type="radio"/>	BASc (Bachelor of Applied Science)
<input type="radio"/>	PharmD (Bachelor of Science, Pharmacy)
<input type="radio"/>	Bkin (Bachelor of Kinesiology)
<input type="radio"/>	BA (Bachelor of Arts)
<input type="radio"/>	BPSc (Bachelor of Pharmaceutical Sciences)
<input type="radio"/>	Other (Please Specify) _____

Student's Faculty (as per degree program):

<input type="radio"/>	Faculty of Medicine
<input type="radio"/>	Faculty of Applied Science
<input type="radio"/>	Faculty of Science
<input type="radio"/>	Faculty of Arts
<input type="radio"/>	Faculty of Education
<input type="radio"/>	Faculty of Forestry
<input type="radio"/>	Faculty of Land and Food Systems
<input type="radio"/>	Faculty of Pharmaceutical Sciences
<input type="radio"/>	Other (Please Specify) _____

**Student's Department (as per degree program):
(Non-MD students only)**

- Department of Anthropology
- Department of Chemical and Biological Engineering
- Department of Civil Engineering
- Department of Cognitive Systems Program
- Department of Computer Science
- Department of Economics
- Department of Electrical and Computer Engineering
- Department of First Nations and Indigenous Studies
- Department of Gender, Race, Sexuality, and Social Justice
- Department of History
- Department of Linguistics
- Department of Materials Engineering
- Department of Mechanical Engineering
- Department of Microbiology and Immunology
- Department of Nursing
- Department of Philosophy
- Department of Political Science
- Department of Psychology

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- Department of Sociology
- Department of Statistics
- Department of Visual Arts
- Department of Zoology
- School of Biomedical Engineering
- School of Kinesiology
- Other (please specify):

Year of study as of March 2025:

- | | |
|-----------------------|-------------------|
| <input type="radio"/> | 1st year |
| <input type="radio"/> | 2nd year |
| <input type="radio"/> | 3rd year |
| <input type="radio"/> | 4th year or above |

Student Location for Summer 2025:

- | | |
|-----------------------|------------------------|
| <input type="radio"/> | Greater Vancouver Area |
| <input type="radio"/> | BC Interior |
| <input type="radio"/> | Vancouver Island |
| <input type="radio"/> | Northern BC |
| <input type="radio"/> | Other (Please Specify) |

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

- | |
|---------------------------|
| <input type="radio"/> Yes |
| <input type="radio"/> No |

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

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1. 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 med.studentresearch@ubc.ca **in advance of the deadline** to

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discuss options to obtain their marks. Failure to do this in advance of the deadline will result in the application being considered incomplete.

<input type="checkbox"/> I agree

Non-MD Undergraduate Student Statement (one of two)

To assist with the adjudication process, describe why you are interested in pursuing **interdisciplinary and/or multidisciplinary research opportunities**, 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.

Character Limit: 2900 characters (~410 words)

non-MD Undergraduate Student Information (two of two)

Student Last Name:	<input type="text"/>
Student Legal First Name (must be the same as on Student Services account):	<input type="text"/>
Student Preferred First Name:	<input type="text"/>
Student Preferred Pronoun*: <small>*Answers to this question are collected for aggregate purposes only and do not have any impact on the selection of awardees.</small>	<input type="text"/>
UBC Student Number:	<input type="text"/>
Student Email Address:	<input type="text"/>
Student Phone Number:	<input type="text"/>

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- Yes
- No
- I prefer not to answer

The student is a:

- | |
|--|
| <input type="radio"/> MD Student |
| <input type="radio"/> Non-MD Undergraduate Student |

Student Program:

- | |
|---|
| <u>MD Programs</u> |
| <input type="radio"/> Island Medical Program (IMP) |
| <input type="radio"/> Northern Medical Program (NMP) |
| <input type="radio"/> Southern Medical Program (SMP) |
| <input type="radio"/> Vancouver Fraser Medical Program (VFMP) |

Undergraduate Programs

- | |
|--|
| <input type="radio"/> BMLSc (Bachelor of Medical Laboratory Science) |
|--|

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<input type="radio"/>	BMW (Bachelor of Midwifery)
<input type="radio"/>	BSc (Bachelor of Science) – UBC Vancouver
<input type="radio"/>	BSc (Bachelor of Science) – UBC Okanagan
<input type="radio"/>	BASc (Bachelor of Applied Science)
<input type="radio"/>	PharmD (Bachelor of Science, Pharmacy)
<input type="radio"/>	Bkin (Bachelor of Kinesiology)
<input type="radio"/>	BA (Bachelor of Arts)
<input type="radio"/>	BPSc (Bachelor of Pharmaceutical Sciences)
<input type="radio"/>	Other (Please Specify)

Student's Faculty (as per degree program):

<input type="radio"/>	Faculty of Medicine
<input type="radio"/>	Faculty of Applied Science
<input type="radio"/>	Faculty of Science
<input type="radio"/>	Faculty of Arts
<input type="radio"/>	Faculty of Education
<input type="radio"/>	Faculty of Forestry
<input type="radio"/>	Faculty of Land and Food Systems
<input type="radio"/>	Faculty of Pharmaceutical Sciences
<input type="radio"/>	Other (Please Specify)

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- Department of Psychology
- Department of Sociology
- Department of Statistics
- Department of Visual Arts
- Department of Zoology
- School of Biomedical Engineering
- School of Kinesiology
- Other (please specify):

Year of study as of March 2025:

- | |
|---|
| <input type="radio"/> 1st year |
| <input type="radio"/> 2nd year |
| <input type="radio"/> 3rd year |
| <input type="radio"/> 4th year or above |

Student Location for Summer 2025:

- | |
|--|
| <input type="radio"/> Greater Vancouver Area |
| <input type="radio"/> BC Interior |
| <input type="radio"/> Vancouver Island |
| <input type="radio"/> Northern BC |
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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)**

- | |
|---------------------------|
| <input type="radio"/> Yes |
| <input type="radio"/> No |

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non-MD Undergraduate Student Statement (two of two)

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Character Limit: 2900 characters (~410 words)

Optional MD Student Information

Student Last Name:	<input type="text"/>
Student Legal First Name (must be the same as on Student Services account):	<input type="text"/>
Student Preferred First Name:	<input type="text"/>
Student Preferred Pronoun*: <small>*Answers to this question are collected for aggregate purposes only and do not have any impact on the selection of awardees.</small>	<input type="text"/>
UBC Student Number:	<input type="text"/>
Student Email Address:	<input type="text"/>
Student Phone Number:	<input type="text"/>

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- Yes
- No
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The student is a:

- MD Student
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Student Program:

- MD Programs
- Island Medical Program (IMP)
- Northern Medical Program (NMP)
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Undergraduate Programs

- BMLSc (Bachelor of Medical Laboratory Science)

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<input type="radio"/>	BA (Bachelor of Arts)
<input type="radio"/>	BPSc (Bachelor of Pharmaceutical Sciences)
<input type="radio"/>	Other (Please Specify)

Student's Faculty (as per degree program):

<input type="radio"/>	Faculty of Medicine
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<input type="radio"/>	Faculty of Science
<input type="radio"/>	Faculty of Arts
<input type="radio"/>	Faculty of Education
<input type="radio"/>	Faculty of Forestry
<input type="radio"/>	Faculty of Land and Food Systems
<input type="radio"/>	Faculty of Pharmaceutical Sciences
<input type="radio"/>	Other (Please Specify)

**Student's Department (as per degree program):
(Non-MD students only)**

- Department of Anthropology
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- Department of Civil Engineering
- Department of Cognitive Systems Program
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- Department of Political Science
- Department of Psychology
- Department of Sociology
- Department of Statistics
- Department of Visual Arts
- Department of Zoology
- School of Biomedical Engineering
- School of Kinesiology
- Other (please specify):

Year of study as of March 2025:

- | | |
|-----------------------|-------------------|
| <input type="radio"/> | 1st year |
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| <input type="radio"/> | 3rd year |
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Student Location for Summer 2025:

- | | |
|-----------------------|------------------------|
| <input type="radio"/> | Greater Vancouver Area |
| <input type="radio"/> | BC Interior |
| <input type="radio"/> | Vancouver Island |
| <input type="radio"/> | Northern BC |
| <input type="radio"/> | Other (Please Specify) |

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These applicants must contact med.studentresearch@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.

<input type="radio"/> I agree

MD Student Statement

To assist with the adjudication process, describe why you are interested in pursuing **interdisciplinary and/or multidisciplinary research opportunities**, 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.

Character Limit: 2900 characters (~410 words)

ADD QUESTION:

Were students already paired with this project, or did you connect after seeing the posted Available Research Projects table on the MRPM website?

- Yes, we were already paired
- No, we connected after seeing available research projects on MRPM website
- Some students were already paired, some were connected later on
 - o Which students were connected later on? (ie. Optional MD student, 2nd non-MD student)

Project Details

Project Title

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

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Provide approximately 5 keywords that describe the proposed research project.

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

Project types will be used to advertise to student applicants based on research interest

- 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:

All projects will be considered for general funding. (please select all applicable)

Project types will be used to advertise to student applicants based on research interest

- Oncology
- Diabetes
- Pharmacology
- Psychiatry / Mental health
- Neurology
- Cardiology
- Pulmonary
- Statistics
- Microbiology
- Immunology
- Zoology
- Computer Engineering
- Bioengineering
- Kinesiology
- Artificial Intelligence
- Other (please specify):

Background and Summary of Proposed Project

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 interdisciplinary/multidisciplinary project including the rationale for the project, the context within the relevant field of research, the proposed research approach, the expected project outcomes. **Ensure that the project primarily involves interdisciplinary and/or multidisciplinary research. Research projects without this focus will not be considered eligible.** 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. 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

REFERENCE PURPOSES ONLY. THIS IS NOT AN APPLICATION FORM.

“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 Students

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

This section must address how involvement in this project will allow students 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; their anticipated interactions with other researchers; and the available resources that will contribute to a beneficial experience.

Please note that the review process will be blind. 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”. Please address the workload and specific tasks for each of the two (or three) students who will be undertaking this research and ensure roles are delineated between students. **Character Limit: 4500 characters (~640 words)**

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

(if yes is selected) 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 funds require ethics approval to be in place well before the project start date, e.g. May 3rd).

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

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

- Yes
- No

(if yes is selected) **Please indicate if you:**

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

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This project requires operational/institutional approval:

- Yes
- No

(if yes is selected) **Please indicate if you:**

Operational/Institutional approval can be a lengthy process and applicants are encouraged to start the approval process as soon as possible, 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 require operational/institutional approval to be in place well before the project start date).

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

Research Affiliations

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

<input type="checkbox"/> BC Cancer
<input type="checkbox"/> BC Children's Hospital Research Institute
<input type="checkbox"/> Providence Health Care Research Institute
<input type="checkbox"/> Vancouver Coastal Health Research Institute
<input type="checkbox"/> Women's Health Research Institute
<input type="checkbox"/> Fraser Health Authority (supervisor must hold a clinical appointment, not just a research appointment)
<input type="checkbox"/> Interior Health Authority
<input type="checkbox"/> Northern Health Authority
<input type="checkbox"/> Provincial Health Services Authority
<input type="checkbox"/> Vancouver Coastal Health
<input type="checkbox"/> Island Health
<input type="checkbox"/> UBC Point Grey
<input type="checkbox"/> UBC Okanagan
<input type="checkbox"/> Island Medical Program
<input type="checkbox"/> Northern Medical Program
<input type="checkbox"/> Southern Medical Program
<input type="checkbox"/> Vancouver Fraser Medical Program
<input type="checkbox"/> Office of Pediatric Surgical Evaluation and Innovation (OPSEI)

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Research Location Information

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

City or Region:	<input type="text"/>
Research Centre:	<input type="text"/>
Hospital:	<input type="text"/>
Program or Unit:	<input type="text"/>
Additional information (building, lab, etc.)	<input type="text"/>

Along with your application, we require research teams to complete and sign a **Student-Supervisor Agreement Form**.

This agreement between applicants aims to outline the expectations of all parties to ensure a successful FoM MRPM experience. If any party is not meeting the agreed upon expectations, the first step is to attempt to address the concerns together. If this proves unsuccessful, please contact the FoM MRPM office at med.studentresearch@ubc.ca.

Please download a copy of this Agreement (<https://med-fom-faculty.sites.olt.ubc.ca/files/2024/1/08-Form-Student-Supervisor-Agreement.docx>) to complete with your research team, and upload a completed (signed and dated) PDF version here.

END OF APPLICATION