

## Rebecca Hotchkiss International Scholar Exchange (RHISE) Program Application Form –Trainee Research Visits

The following form is intended for use by HBI trainees and visiting trainees from non-North American institutions, for travel between current and developing international partners of the HBI as well as collaborations between labs and institutions. Applications may be submitted at any time of the year, but must be received a **minimum of four months prior to the proposed visit**. Applications will be assessed by the HBI International Strategy Committee. Completed application forms and all attachments should be submitted by email to Travis Kerr at [travis.kerr@ucalgary.ca](mailto:travis.kerr@ucalgary.ca).

*As a public body, the Hotchkiss Brain Institute (HBI) is regulated by the Freedom of Information and Protection of Privacy Act (FOIPP) of Alberta. As such, all personal data collected will be for HBI internal use ONLY and will not be communicated with anyone outside of the Institute.*

Anticipated start and completion dates of visit: *Please note that the RHISE program will only consider funding research visits ranging from 1 week up to 1 month in length. Expenses beyond that time frame would normally be the responsibility of the trainee's lab, unless an extension is justified and approved.*

**Start Date:**

**Completion Date:**

### A. HBI MEMBER DETAILS – APPLICANT OR HOST

Select one:  RHISE Program Applicant

Host Scientist

**Name (Surname, First Name & Initial(s)):**

**Phone:**

**Email:**

**Current CV and Publication List Attached** (CV not required for HBI Host Scientists):

### B. INTERNATIONAL SCIENTIST DETAILS – APPLICANT OR HOST

Select one:  RHISE Program Applicant

Host Scientist

**Name (Surname, First Name & Initial(s)):**

**Name of Institution:**

**Complete Mailing Address:**

**Phone:**

**Email:**

**Current CV and Publication List Attached:**

### C. PROJECT TITLE AND/OR PROPOSED RESEARCH PROJECT

**D. ALIGNMENT WITH HBI NEUROTEAMS**

Select all that apply:	
<input type="checkbox"/> BMH Computational Neuroscience program	<input type="checkbox"/> Spinal Cord / Nerve Injury & Pain
<input type="checkbox"/> Stress	<input type="checkbox"/> Stroke
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Dementia & Cognitive Disorders
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Movement Disorders
<input type="checkbox"/> Multiple Sclerosis	<input type="checkbox"/> Integrated Concussion Research Program

**E. LETTER OF SUPPORT – NEUROTEAM LEADER**

Please attach a brief letter of support from the appropriate HBI NeuroTeam Leader. This letter should provide context with regard to the group benefit of the proposed exchange.

Letter of support attached?  Yes  No

If no, please explain:

**F. OUTCOMES AND OBJECTIVES**

Indicate in detail the desired outcomes and benefit of this exchange to the HBI’s research and education programs and goals. Include specific details such as draft itineraries, possible meetings and delivery of seminars or workshops.

**G. BUDGETARY INFORMATION**

It is expected that PIs seeking RHISE funding for a research visit will contribute to the overall expenses, either through use of existing funds and/or by applying for additional travel funding to subsidize expenses.

<b>Expense Description</b>	<b>Proposed Costs</b> <i>(Please attach quotes when possible)</i>	<b>Anticipated Revenue Sources</b> <i>(Please indicate pending or confirmed)</i>
		RHISE (pending)
<b>Total:</b>		

## **H. ADDITIONAL NOTES**

If applicable, include any additional notes or details for consideration below.