**REALISE External Module Registration Award**

**Application Form**

Completed application forms and all attachments should be submitted by email to the REALISE Program (realise@ucalgary.ca) Please submit your application and all supporting documents as one single PDF file.

For full program details, including terms of reference, please refer to <http://www.hbi.ucalgary.ca/funding/realise-external-module-registration>. Applicants are responsible for meeting all eligibility requirements.

*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.*

1. **APPLICANT DETAILS**

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| --- | --- |
| Full name: |       |
|  | *Surname, first name & initial(s)* |
| Eligibility checklist: *Check all true statements* | I am a graduate student or postdoctoral fellow supervised by a full member of the HBI: [ ] I am an approved registrant in the REALISE Program and have been in the program for at least 6 months: [ ] I have participated in at least 3 REALISE-sponsored career development opportunities in the last year: [ ] I am not using this course/workshop to meet degree requirements: [ ] To the best of my knowledge, the content of this course/workshop is not currently offered by the REALISE Program: [ ] I have not received this award in the last year: [ ]  |
| Complete Home Mailing Address (required for reimbursement): | Phone:       |
|       | Email:       |

1. **SUPERVISOR DETAILS**

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| --- | --- |
| Full name: |       |
|  | *Surname, first name & initial(s)* |
| Letter of support for applicant attached: [ ]  |
| *Note: all letters of support must be in English, on headed paper and signed* |

1. **COURSE/WORKSHOP INFORMATION**

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| --- | --- |
| Course/workshop Name: |       |
| Name of institution offering the course: |       |
| Course syllabus (outline) attached: [ ]  |

1. **PROJECT TITLE AND RELATION TO TRAINING**

*Briefly describe the nature of the course and how it will directly benefit your training and/or career goals. Do not exceed one typed page.*

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1. **FUNDING DETAILS**

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| Anticipated start and completion dates: |       |       |
|  | *Start date (YY-MM-DD)* | *Completion date (YY-MM-DD)* |
| This award can offer up to a maximum of $500 toward eligible expenses. If the total cost of the course/workshop exceeds this amount, do you have additional funding to cover remaining expenses?  | **[ ]** Yes | **[ ]** No |
| Have you applied to another granting agency for a similar award or additional funding? | **[ ]** Yes | **[ ]** No |
| If yes, please specify: |       |

|  |  |
| --- | --- |
| **Expense***(Note: Only registration/tuition costs are eligible for approval)* | **Proposed Costs** *(Please attach quotes when possible)* |
|       | $       |
|       | $       |
|       | $       |
| **Total: $ (a maximum of $500 is available)** | **$** |

1. **ADDITIONAL NOTES**

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

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