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**Research Ideas Proposal Application Form**

**Contact Information Sheet**



**This page is for the University of Toronto’s Dalla Lana School of Public Health’s use only. It will not be included in the evaluation of your application for funding. This page is to be completed by the principal applicant.**



|  |  |
| --- | --- |
| **Name** | **Given names** |
| **Title:**  **Department:** | **Institution:** |
| **Mailing address** | |
| **Telephone numbers:**  **Office** | **Electronic addresses:**  **Email**  **Web address** |
| **Are you currently affiliated with the International Development Research Centre?**  **Yes □ No □**  **If yes, how: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |

**Principal Applicants, Co-Investigators, and Supervisors or Mentors**

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Name of principal applicant(s)



**Co-Investigators** (Use additional sheets if necessary)

|  |  |  |
| --- | --- | --- |
| **Surname** | **Given Name** | **Primary affiliation** |
| **1.** |  |  |
| **2.** |  |  |
| **3.** |  |  |



**Supervisors or Mentors** (Use additional sheets if necessary)

|  |  |  |
| --- | --- | --- |
| **Surname** | **Given Name** | **Primary affiliation** |
| **1.** |  |  |
| **2.** |  |  |
| **3.** |  |  |



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| **Is a letter of support from a supervisor or mentor included in your application?**  **Yes □ No □** |

**Signature of Principal Applicant(s) Date**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

