## Institute Community Support Program – IHDCYH Talks Application Form

### Instructions to help you fill out this form:

- Obtain a CIHR Personal Identification Number (PIN) if you do not already have one by going to the following web address and following the instructions: http://www.cihr-irsc.gc.ca/e/38201.html
- 2. Fill out the following application form and save it.
- 3. Print and sign a copy of the application and save your video to a USB key to be sent by mail to CIHR-IHDCYH at the mailing address below. Please note USB drives will not be returned to applicants.

CIHR-Institute of Human Development, Child and Youth Health Re: IHDCYH Talks Application 160 Elgin Street, 9<sup>th</sup> Floor Address Locator: 4809A Ottawa, ON, K1A 0W9 Attention: Lynne Renaud

4. Send an electronic copy of this application form to Rhiannon Renaud, Project Officer at **rrenaud@mtsinai.on.ca**. Please **do not** send an electronic copy of your video my email. However, you may send a link to download the file, in addition to mailing the USB copy.

# Institute Community Support Program – IHDCYH Talks Application Form

1.	Applicant Information			
a)	CIHR PIN			
b)	Name of Applicant			
c)	Affiliation			
d)	Institution Paid			
е)	Address of Institution Paid			
f)	Telephone Number			
g) Email				
	I consent to adding my email address to IHDCYH's mailing list.			
2.	Project Information			
a)	Project Title			
	•			
3. Activity Description				
a)	Please provide a description of your video and explain in lay terms how the content of this video aligns with the Institute's mandate and/or research priorities. (300 words or less)			

## 4. Signatures

#### Consent to Disclosure of Personal Information and public viewing of the submitted video

In cases of a serious breach of agency policy, the agency may publicly disclose any information relevant to the breach that is in the public interest, including my name, the nature of the breach, the institution where I was employed at the time of the breach, the institution where I am currently employed, and the recourse imposed against me. I accept this as a condition of applying for, or receiving, agency funding and I consent to such disclosure.

I hereby give my consent to CIHR and CIHR-IHDCYH to use my image and/or video in its publications, advertising or other media activities (including the Internet).

Name of Applicant				
тато от дрисат				_
Signature of Applicant		Date		
Consent from individuals appear	aring in video (If more	lines are needed,	please append additional pages)	
Name	Signature		Date	
				_
				_
				_
				_
				_
				_
				_