



**Top Achievements in Health Research
 Application Form**

1. Applicant(s) information

Name of individual(s) or organization	Affiliation
Address	
Telephone number	
E-mail	

2. Category in which the Applicant(s) is applying

- a. Biomedical
- b. Clinical
- c. Health services
- d. Population and public health

3. Letters of support - Contact information

Name of individual(s) or organization	Affiliation
Address	
Telephone number	
E-mail	

Name of individual(s) or organization	Affiliation
Address	
Telephone number	
E-mail	



4. Consent and Confidentiality

CIHR seeks your certification that you have been informed that information supplied in the application will be made available to CIHR personnel responsible for managing the peer review process to review applications, to compile statistics and to promote health research in Canada. Information supplied in the application will be made available to Peer Review Committees composed of eminent health researchers, health professionals, and other health research stakeholders.

(1) **OBSERVERS:** Information supplied in the application may be made available, with your consent to observers of CIHR's competition process. Observers may include representatives of the CMAJ or staff from CIHR who are not in conflict of interest.

(2) **SCREENING AND PEER REVIEW:** For Screening, and use in making decisions after Peer Review, your application will be made available to representatives of the CMAJ and staff from CIHR who are not in conflict of interest.

I do do not consent to the sharing of the information specified above in sections (1) and (2) with the groups described.

I, the undersigned, do hereby give CONSENT to the use and disclosure of the information contained in my application for the purposes as herein described. I also understand that I may withdraw my consent at any time and that it will become effective upon its receipt by CIHR. Furthermore, I agree to maintain CONFIDENTIALITY about decisions until a formal public announcement of the results of this competition has been released by the CIHR and CMAJ.

Name	Signature	Date

- 1) Keep a copy for yourself
- 2) Send the original, signed form with your application