



## 2014 SUMMER STUDENT RESEARCH PROGRAM

Deadline for posting projects online: January 24, 2014\*

FACULTY OF MEDICINE

### Instructions to supervisors

- If you have yet to identify a student partner for your SSRP project you may submit a completed Project Registration and Description form for posting on the SSRP website. Interested students will be able to view your project description and contact you. **It is your responsibility to find an appropriate student partner for your SSRP application.**
- \*If you have already identified a student for your SSRP project, you should not post your project online. You need only work with your student partner to submit a completed application package by the application deadline (February 14, 2013; 4:00 pm).
- Supervisors may submit more than one project for posting on the website; however, **only one** completed application per supervisor will be accepted for the competition and put forward for adjudication. Multiple applications will be disqualified.
- Faculty members who wish to post their projects on the SSRP website are encouraged to submit this document to the Student Research Coordinator, Linda Herbert, as early as possible at [linda.herbert@ubc.ca](mailto:linda.herbert@ubc.ca).
- Additional information on the SSRP, including application forms, funding terms, adjudication criteria and program procedures can be found on the SSRP website: [med.ubc.ca/ssrp](http://med.ubc.ca/ssrp).
- Content boxes will expand as you type but please be mindful of the text limits; the actual application form will not allow extraneous material.

## PROJECT REGISTRATION AND DESCRIPTION FORM

### Applications will be accepted from:

- Both MD & non-MD Undergraduates  
 MD undergraduate students only     non-MD undergraduate students only

### Additional notes to potential applicants:

### Project Title:

### Hypothesis:

**Keywords: Provide approximately 5 key words that describe the proposed research project.**

**Some SSRP funding is only available for specific research topics\*. To assist us in assigning funding to successful projects please indicate whether your project is related to any of the following:**

- Oncology     Leukemia/ Lymphoma/ Hodgkin's/ Myeloma or other blood cancers     Surgical Oncology  
 Kidney Disease     Muscular Dystrophy     Diabetes     Psychiatry/ Mental Health     Pharmacology  
 Neurology     Cardiology     Pulmonary     Rheumatology / Arthritis     Community-based research  
 Clinical Genomics     Statistics     International

\*Please note that funds are also available for general medical research and all projects will be considered for this funding.

**Some SSRP funding (from CIHR) is only available to student-supervisor teams where the supervisor holds other sources of peer reviewed funding. Please indicate if the supervisor holds other sources of peer reviewed funding. Note that the other funding does not need to be for this specific project.**

- Yes     No



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**To assist with adjudication assignments indicate the type(s) of research applicable to this project**

(select all applicable):

- Basic Science    Clinical    Educational and/or Curricular    Health Systems & Services    Population Health  
 Other (please specify):

**Background and Summary of Proposed Research.** *(In 400 words or fewer – please write in lay terms)*

*If this is an ongoing project of >8 weeks duration clearly indicate the expected project outcomes at the end of the 8-week funding period.*

**Outline the student's role in the project including the potential benefits they will gain as a result of their involvement.**

This should include their anticipated interaction(s) within the research team, individual duties, available resources (training, facilities etc.) and opportunities for the student to learn new skills. *Clearly indicate which items will be completed during the 8-week funding period and which (if applicable) will be completed before or after the funding period if the student and supervisor have chosen to also work together outside of the funding period. Project feasibility is considered during the adjudication process.*



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**Please indicate if your project requires the following and indicate their status as appropriate.** This will help clarify the scope of the project for the adjudication panel as well as allow our partner institutions to liaise with successful applicants as needed:

**This project requires ethics approval (human or animal):**

Yes  No

If yes please indicate if you:

Already have approval  Will obtain approval before the SSRP funding period  Intend for ethics application to be a focus over the funding period

*\*Please note that as ethics approval can be a lengthy process it is recommended that this be obtained well in advance of the funding period unless the intention is for this activity to form a major part of the SSRP-funded portion of the project.*

**This project requires access to electronic medical records:**

Yes  No

If yes please indicate if you:

Already have approval  Will obtain approval before the SSRP funding period  Plan to obtain approval during the SSRP funding period

**Research Affiliations (complete as applicable)**

**Some SSRP funding is only available to projects with specific affiliations. Please indicate if you and/or your project are affiliated with any of the following (select all that apply):**

BC Cancer Agency  Child and Family Research Institute  Providence Health Care Research Institute  
 Vancouver Coastal Health Research Institute  Women's Health Research Institute

Fraser Health Authority  Interior Health Authority  Northern Health Authority  Provincial Health Services Authority  
 Vancouver Coastal Health  Vancouver Island Health Authority

UBC Point Grey  UBC Okanagan  
 Island Medical Program  Northern Medical Program  Southern Medical Program  
 Vancouver Fraser Medical Program  
 Other (please specify):

**Project Location Information (where the project work will be conducted)**

**Research Centre and/or Institute:**

**Hospital:**

**Program or Unit:**

**Additional information (building, lab etc.):**

**City or Region:**

**Supervisor's Information**

**Supervisor Surname:**

**Supervisor Given Name:**

**FoM Department/School (Main FoM Appointment):**

**UBC FoM Division (if applicable):**

**Additional Affiliations (Department/School, Centre, Hospital, unit etc.):**

**Main Phone:**

**Cell / Secondary Phone:**



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<b>E-mail Address:</b>	<b>Academic Appointment at UBC:</b>
<b>Preferred contact method (for students)</b> <input type="checkbox"/> Phone supervisor <input type="checkbox"/> Email supervisor <input type="checkbox"/> Phone alternate contact <input type="checkbox"/> Email alternate contact	
<b>Alternate Contact's Information</b>	
<b>Contact's Name:</b>	<b>Contact's Role:</b>
<b>Contact's Phone Number:</b>	<b>Contact's E-mail Address:</b>
<b>Additional Information:</b>	