

NL SUPPORT Undergraduate Training in Research Award (NUTRA)

STEP II: Student Application

This application is for **students** seeking to work on a research project funded through the NL SUPPORT Undergraduate Training in Research Award program.

1. Students and supervisors will work together to prepare the application. The supervisor and the student must both be clearly identified on the application, including current email addresses. It is the responsibility of the student to contact potential supervisors directly.
2. In addition to the title and description of the project, there must be a clear indication of the student's role.
3. It is the responsibility of the supervisor to ensure Ethics Approval (HREA or IACC as appropriate) is in place by the start date of the research project.
4. Supervisors interested in more than one student must indicate their order of preference. **Please note that students are only permitted to submit one application.**
5. Student requirements:
 - a. Minimum 2nd class standing (average grade of B or above) in their last 20 courses at the time of accepting the award.
 - b. A summary of research experience e.g., degree program and year, prior research experience, skills, etc.
 - c. An essay on your interest in the summer project and how it will benefit career plans.
6. All students working in laboratories at Memorial University are required to complete the Safety 1000 course. Safety 1000 is offered online through D2L at the beginning of each semester for undergraduate and graduate students and provides appropriate training in WHMIS and Laboratory safety. If you completed the course in a previous semester or have evidence that comparable training has been undertaken elsewhere, you do not need to register again. For more information please visit: www.mun.ca/health_safety/training/

Submit via e-mail to dale.humphries@med.mun.ca

or

Drop off at NL SUPPORT
Suite 4M100, Medical Education Centre

For further information, please visit us at: www.nlsupport.ca/NUTRA.aspx

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CONTACT INFORMATION

SUPERVISOR

Name: _____
Discipline/Division: _____
Faculty/School: _____
Phone: _____
Email: _____

STUDENT

Name: _____
MUN Student: Yes No
Student #: _____
E-mail: _____

PROJECT INFORMATION

Site where research will be conducted:

Title of project:

Will the student have direct contact with patients?

Yes No

Will the student have direct contact with confidential patient information?

Yes No

Personal Health Information Act (PHIA) completed?

Yes No

Ethics approval required for project?

Yes No

If yes, Health Research Ethics Authority (HREB) #:

Animal care approval for project?

Yes No

If yes, Institutional Animal Care Committee (IACC) #:

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SUPERVISOR

Role of the student:

Description of project (100 words):

Patient Engagement Activities (planned or undertaken) (100 words):

Knowledge Translation/Implementation (planned or undertaken) (100 words):

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STUDENT

Research experience:

Please briefly explain why you want to participate in the program and your interest in research (250 words):