

Forensic Psychiatry Research & Innovation Awards Program  
**Forensic Psychiatry Program Research Award Application**

**APPLICANT CONTACT INFORMATION**

Name and Title	Title	First Name	Last Name
		<input type="text"/>	<input type="text"/>
Research Program Area	<input type="text"/>		Campus <input type="text"/>

**PROJECT/ACTIVITY INFORMATION**

Date of Proposed Activity:

**Overview of Project or Activity**

**Describe how the project or activity will contribute to advancing knowledge in the field of Forensic Mental Health**

**Knowledge Translation Plan** Please describe how the research plans to disseminate learned information i.e. publications, presentations, in-house rounds at St. Joseph's Healthcare Hamilton etc.

**SIGNATURE OF APPLICANT**

I hereby sign that all of the information and contents contained with this application is true and understand falsification of any copy or document will result in immediate termination of the application.

Signature of Applicant	Date

**SIGNATURE OF SUPERVISOR**

Signature of Applicant	Date

**ATTACHMENTS**

- Written proposal (Max 1200 words)
- Budget
- Applicant CV

**SUBMISSION**

The Application is a pdf form. You must have Adobe Acrobat 8 or higher to save and manipulate the document as follows (Adobe Reader is not sufficient):

1. Print off the Application, sign it where noted, scan it to a pdf, then save the Application pdf
2. Save your written submission as a pdf
3. Insert your CV pdf at the end of the written submission pdf
4. Combine all pdf files and Save your final combined pdf as:  
*Last Name First Name Forensic Research Award\_2017*
5. E-mail the combined and final pdf Application to [research@stjoes.ca](mailto:research@stjoes.ca)

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