

Forensic Psychiatry Research & Innovation Awards Program
Research Poster Presentation 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.

Describe how the activity aligns with your professional development or learning goals.

Knowledge Translation Plan Please describe how you plan to disseminate learned information. (i.e. publications, presentations, in-house rounds at St. Joseph's Healthcare Hamilton etc.)

Describe how the activity will improve clinical outcomes for patients in the forensic mental health system.

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

ATTACHMENTS

- Written proposal (Max 400 words)
- 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 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 Poster Award_2017*
5. E-mail the combined and final pdf Application to research@stjoes.ca

CONTACT INFORMATION

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