McMaster Collaborative for Health and Aging Partnership in Research Fellowship

APPLICATION FORM

Please note that the Partnership in Research Fellowship was formerly known as the Trainee Engagement Fund.

**DEADLINE: April 15, 2024**

Please carefully review the [McMaster Collaborative for Health and Aging Partnership in Research Fellowship Guidelines](https://collaborative-aging.mcmaster.ca/funding/) prior to completing this application.

### All applicants must contact the Collaborative prior to completing an application to discuss the funding opportunity, process, and confirm eligibility (this may be initiated at any time of the year).

The Collaborative also encourages all trainees (registered in a PhD program or employed as a postdoctoral fellow at an accredited Ontario university) who are interested inpursuing patient-oriented research in their aging-focused health research to email the Collaborative (collabor@mcmaster.ca) if you have any questions ­­about this fellowship or technical issues using this form.

Please use the fields provided to submit your application information. Although character limits have not been applied to these fields, please note where maximum word counts have been noted.

# SECTION 1: Applicant Information

### Information pertaining to the person completing this form.

### First name:

### Last name:

### Email:

### Phone:

### Address:

### Student #:

### University:

### Program:

### Level of study:

### Program enrolment date:

### Expected graduation date:

### Are you currently a member of the McMaster Collaborative for Health and Aging? [ ]  Yes [ ]  No

### If your application is successful, do you acknowledge that you will become a member of the Collaborative? [ ]  Yes [ ]  No

### Please note that applicants are not required to be a member of the Collaborative at the time of application, however, successful applicants will become a member upon acceptance of funds.

# SECTION 2: Eligibility Checklist

1. Please identify your current university status:
[ ]  PhD student [ ]  Post-doctoral fellow
2. Have you contacted the Collaborative prior to completing an application to discuss this funding opportunity, process, and to confirm eligibility? **[ ]** Yes **[ ]** No
3. Is this funding request related to existing research that is led and supported by a supervisor who is a member of the Collaborative (or willing to become a member)?

**[ ]** Yes **[ ]** No

1. Are the proposed engagement activities related to this fellowship feasibly planned to begin within the next six months and be completed within the next 12-18 months?

**[ ]** Yes **[ ]** No  **[ ]** Not sure

1. Does the proposed engagement include a plan to engage at least two older adults and/or caregivers?  **[ ]** Yes **[ ]** No
2. Does your proposal take into consideration **equity**, **diversity**, AND **inclusion** in your research project? **[ ]** Yes **[ ]** No
3. Does at least 25% of the budget directly support older adults and/or caregivers (i.e., honourariums, reimbursement, meeting refreshments)? **[ ]** Yes **[ ]** No
4. Is the application complete and does it include all required supporting documentation (budget, resume/CV, and acknowledgement form from your supervisor)? **[ ]** Yes **[ ]** No

### Please note that no previous experience in patient-oriented research is necessary. The Collaborative can provide:

### Guidance in determining if this fellowship opportunity is the right fit

### Support in formulating your engagement plan

### Training and mentorship in the area of patient-oriented aging-focused research

# SECTION 3: Project Information and Engagement Plan

## Project Title:

## Prior Funding

## Please identify any other funding sources for this project and confirm if any of these funds have been allocated for the purpose of engaging older adults and caregivers as advisors or partners.

## Please note that scholarships typically support students rather than projects and should not be indicated here (unless the scholarship comes with a specific research funding component).

Have you and/or your supervisor received any other funding to conduct this research?

**[ ]** Yes **[ ]** No **[ ]** Other fundingrequests are currently under review

If yes:

1. Do these funds include plans for engaging older adults/caregivers as research **advisors** or **partners** (not as participants)? **[ ]** Yes **[ ]** No
2. Please identify these internal (from your institution) and/or external funding sources:

If other fundingrequests are currently under review, are you interested and able to proceed with your engagement plan, regardless of the success of your other funding application? **[ ]** Yes **[ ]** No

## Project Description (500-word max.)

Please provide a written lay summary of your research project, that includes a statement of alignment with at least one of the Collaborative’s [Area of Focus:](https://collaborative-aging.mcmaster.ca/areas-of-focus/)

 **Research Ethics**

Please note that ethics approval is not required to apply to this fellowship.

1. Does your research project require research ethics board approval?
**[ ]** Yes **[ ]** No [ ]  Not sure [ ]  Not applicable
2. If yes, what is the research ethics board status of your project at the time of application?

**[ ]** Not yet submitted **[ ]** Under review [ ]  Approved [ ]  Not applicable

## Engagement Plan (500-word max.)Please outline in your engagement plan the following sections listed below:

## Rationale

## How will engaging older adults/caregivers as advisors or partners impact your research project? What stage(s) of your research project have you or do you want to engage older adults/caregivers?

**Recruitment Methods**

What strategies will be used to recruit (a minimum of two) older adults/caregivers as partners in your health research? Please indicate if there are any existing collaborators/stakeholders that you may draw upon to support your outreach efforts.

**Method(s) of Engagement**
Please refer to the guiding principles and desired outcomes of engagement identified in the [SPOR Patient Engagement Framework](https://cihr-irsc.gc.ca/e/48413.html).

**Equity, Diversity, and Inclusion**
How have you considered health equity in your research project? Specifically, how have you taken into consideration **equity, diversity** AND **inclusion** in your engagement plan?

Please see the [Best practices in equity, diversity and inclusion in research practice and design guide](https://www.sshrc-crsh.gc.ca/funding-financement/nfrf-fnfr/edi-eng.aspx) developed by the Canada Research Coordinating Committee for a definition of these terms and refer to the [Fairness is Excellence: The Ontario SPOR SUPPORT Unit’s Equity Framework](https://ossu.ca/resources/equity-framework-and-curriculum/).

**Ethical Considerations**
What ethical considerations have been identified and addressed in your project’s engagement plan (please refer to the [Ethical Considerations for Partnering in Patient-Oriented Research guide](https://absporu.ca/wp-content/uploads/2020/11/AbSPORU-PE-Platform_Ethical-Considerations_Oct2020_23.pdf) produced by the Alberta SPOR SUPPORT Unit)?

**Impact and Evaluation** (150-word max)

What is the value and potential impact of engaging older adults and caregivers in your research project? How do you plan to measure impact and share lessons learned?

**Anticipated Challenges** (150-word max)

What challenges and/or barriers might you anticipate in meaningfully engaging older adults/caregivers in your research (please see “[Reflections on patient engagement by patient partners: how it can go wrong](https://rdcu.be/dkBFH)”, by Richards et al. for your reference)? How do you propose you will overcome them? What resources might you be able to access to address these challenges?

# SECTION 4: Budget

## Please provide a detailed projected budget using the [template](https://mcmasteru365-my.sharepoint.com/%3Ax%3A/g/personal/finneya_mcmaster_ca/EfFUYNGO7e1LqNwcNBGA2MABW0JQusNVgdRh4_3HRo1iZg?e=SyMkCt) provided and ensure that a minimum of 25% of the budget directly supports older adults and/or caregivers (i.e., honourariums, reimbursement, meeting refreshments).

Please include your budget as a separate attachment in your email submission using the file name “Collaborative Fellowship\_Budget\_Last Name\_First Name”).

Examples of **eligible expenses** include but are not limited to honorariums for older adult and caregiver partners and advisors; transportation reimbursement for older adults and caregivers; support to ensure the inclusive engagement of individual(s) who may require accommodation re: accessibility needs (e.g., invitation and support for participant to bring a trusted other/support person); expenses associated with in-person meetings with older adults (e.g., food, materials); participation in patient-oriented research training opportunities (e.g., workshop); recruitment and training of an older adult to be a peer research assistant.

Examples of **ineligible expenses** include trainee-only meeting expenses; honourariums for fellow trainees/colleagues; honourariums and reimbursements for research participants; data collection, salary expenses, transcription fees, primary research software.

Note: This fellowship is intended to enhance the trainees’ learning experiences in their existing research and is not meant to replace sources of funding already available through grants or internal/external university/faculty/department sources. `

# SECTION 5: Timeline

Please include a detailed timeline for the proposed activities**:**

## Activities supported through this fellowship must be initiated within six months upon notification of being a successful applicant and completed within 12 months (up to a maximum of 18 months) following initial funding notification. Extensions may be considered on an individual basis and upon written request.

## The detailed timeline should include:

* Planning stage of your proposed project, including the recruitment of older adults and caregivers
* Timeline of activities supported by this fellowship
* Dissemination of highlights and outcomes of the research project

# SECTION 6: CV/Resume

Please include your current CV/resume as a separate attachment in your email submission using the file name “Collaborative Fellowship\_Resume\_Last Name\_First Name”).

Please provide a current CV that includes the following sections, if applicable:

* Education and training
* Awards and scholarships
* Peer-reviewed publications and poster/oral presentations
* Other relevant experience

# SECTION 7: Supervisor Acknowledgement Form

Please provide approval from your supervisor that acknowledges their review and support for your application.

The [Supervisor Acknowledgement Form](https://forms.office.com/Pages/ResponsePage.aspx?id=B2M3RCm0rUKMJSjNSW9Hcm-6tnu25UdHiiFK8Ut-xaFUMjVCS1Q4R0g0SVdSMTg3RkM5VjhHMVNKRy4u) is required as part of the application package for all applicants. This form is to be completed by the applicant’s supervisor to confirm their awareness and support for the application and commitment to support the proposed engagement activities, if funded.

## Supervisor information

### First name:

### Last name:

### Email:

### University:

### Department/School:

### Is your supervisor a [member](https://collaborative-aging.mcmaster.ca/about-us/our-members/researchers/) of the McMaster Collaborative for Health and Aging? [ ]  Yes [ ]  No

### Have you forwarded the [Acknowledgement Form](https://forms.office.com/Pages/ResponsePage.aspx?id=B2M3RCm0rUKMJSjNSW9Hcm-6tnu25UdHiiFK8Ut-xaFUMjVCS1Q4R0g0SVdSMTg3RkM5VjhHMVNKRy4u) to your supervisor to complete? [ ]  Yes [ ]  No

Please forward the [Acknowledgment Form](https://forms.office.com/Pages/ResponsePage.aspx?id=B2M3RCm0rUKMJSjNSW9Hcm-6tnu25UdHiiFK8Ut-xaFUMjVCS1Q4R0g0SVdSMTg3RkM5VjhHMVNKRy4u) to your supervisor to be completed by the application deadline. Applications without receipt of supervisor approval cannot be considered and it is strongly recommended that you provide ample time for your supervisor to review and submit this form. It is the responsibility of the applicant to confirm with their supervisor that this step has been completed.

# SECTION 8: Student Consent and Acknowledgement

### [ ]  I hereby certify that all statements in this award application are true and correct to the best of my knowledge. I understand that a false statement may disqualify me for the associated award.

### [ ]  I understand that as a result of submitting this application and its attachments that it will be shared with the appropriate Selection Committee for review.

### [ ]  I have read and agree to the Reporting Guidelines and Conditions of Funding upon accepting funds, if my application is approved.

Please include a completed [McMaster General Release Form](https://collaborative-aging.mcmaster.ca/wp-content/uploads/2023/03/mcm-media-consent-GENERAL-FINAL.pdf) as a separate attachment in your email submission using the file name “Collaborative Fellowship\_Consent\_Last Name\_First Name”).

### Successful applicants will be asked to provide a headshot and brief trainee bio (up to 100 words) as it relates to the fellowship criteria and/or the proposed project. If selected as a recipient of this award, McMaster University may include this information in print and online materials. This information will be published according to the consent information you have provided.

### Please submit your completed application by email to collabor@mcmaster.ca with the subject headline “Collaborative Partnership in Research Fellowship Application".