

Outstanding KBHN Mentor/Supervisor Award Application Form

Please submit the following to training@kidsbrainhealth.ca:

- The completed application form.
- The nominee's Curriculum Vitae.
- A support letter. KBHN accepts support letters from any person entitled to support your nomination, such as a supervisor, mentor, or a research team member.

Date (DD-MM-YYYY):	
Nominator information: Please include your full name, position, and affiliation.	
Is the nominator a KBHN member? (Yes/No)	
Nominee information: Please include your full name, position, and affiliation.	
Is the nominee a KBHN member? (Yes/No/I don't know)	

<p>Describe the nominee's involvement in neurodevelopmental disability research, leadership, and mentorship. Bullet-point format is recommended.</p>	
<p>Please outline the nominee's contributions to KBHN research, training, and other network activities. Bullet-point format is recommended.</p>	



Privacy Statement

Data Collection & Utilization

I irrevocably authorize and grant KBHN the right to:

- maintain my professional information, given at the time of registration, in an electronic file owned by KBHN, and accessed only for the purposes identified herein;
- contact me with respect to further KBHN activities

Please note that KBHN will not disclose your contact information to any individuals, groups or companies outside of the purposes identified above.

I have full power to enter this agreement and to provide informed consent regarding its terms. By executing this agreement, I confirm and agree that its terms do not in any way conflict with any existing commitment on my part.

Name

Signature

Date Signed

Please submit this completed form along with the nominee's Curriculum Vitae, and support letter to training@kidsbrainhealth.ca by **January 5th, 2023**.

Thank you for your interest. We are looking forward to reviewing your application.