

## Outstanding KBHN Promising Researcher Award Application Form

Please submit the following to [training@kidsbrainhealth.ca](mailto: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.

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

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

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**Name**

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**Signature**

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**Date Signed**

Please submit this completed form along with the nominee's Curriculum Vitae, and support letter to [training@kidsbrainhealth.ca](mailto:training@kidsbrainhealth.ca) by **January 5<sup>th</sup>, 2023**.

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