

# KBHN Implementation Skills Development Award Application Form

## Applicant Eligibility

Please review the eligibility requirements for this award and confirm that you are:

1. A graduate student, a postdoctoral fellow, or a research associate at a Canadian post-secondary academic or research institution. Family engagement in research (FER) graduates are eligible regardless of having an academic or research affiliation.
2. completing a capstone or research project in the field of neurodevelopmental disabilities with a focus on children and their families.

## Applicant Information

Name	
University/institution	
Program of study (if applicable)	
E-mail	
Social media handles (if applicable)	
Academic/professional status	
Project/thesis title, objective, and/or link. If you are a FER graduate, please specify your FER project title, objective, and/or link.	

## Supervisor Information (if applicable)

Name (if applicable)	
University/institution (if applicable)	
E-mail (if applicable)	
Signature (if applicable)	

## Connection to the KBHN Training Program

Check all that apply:

- I have received an award/scholarship from KBHN  
Please specify the award/scholarship:
- I have attended a KBHN Conference  
Please specify the year of attendance:
- My supervisor is affiliated with KBHN

I have attended KBHN webinars or activities

Please specify the year of attendance:

I am a member of the Family Engagement and Research Program

This is my first time connecting with KBHN

Other

Please specify:

### Statement of Intent

Please provide a brief statement (750 words maximum) on how this training will assist you in advancing your professional career and/or research project implementation. For example, please specify the ways you plan to apply this training directly to your present work or project.

Please note that a limited number of KBHN Implementation Skills Development Awards are available. Preference is given to those who could justify how this training will directly apply to their research or project program, showcase their relation to KBHN's goals and priorities, and demonstrate their capacity and availability to complete the course by July 14th, 2023.

### Complete Your Application

Please submit the following to [training@kidsbrainhealth.ca](mailto:training@kidsbrainhealth.ca) to complete your application:

- The completed application form.
- The applicant's most recent Curriculum Vitae (any format).
- A support letter highlighting how this training will assist you in advancing your professional career and/or research project implementation. KBHN accepts support letters from any person entitled to support your nomination, such as a supervisor, mentor, employer, or research team member.

## 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 **February 13th, 2023**.

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