



training a new generation of researchers
in gastroenterology and liver

former une nouvelle génération de
chercheurs en gastro-entérologie et foie

AWARD SIGNATURE PAGE ECR Awards



APPLICANT AND INSTITUTIONAL VALIDATION

Via submission of this application, I certify that:

1. I have reviewed my full application for completeness. I understand that TRIANGLE assumes no responsibility in following up with me should my application be incomplete. I am aware that incomplete applications are withdrawn from the competition.
2. I am within five years of the date of my first independent research-related appointment after accounting for any acceptable interruptions.
3. I consent and understand that the information supplied in this application will be made available to TRIANGLE personnel responsible for managing the peer review process, reviewing applications, administering and monitoring awards, compiling statistics, and promoting GI and liver research in Canada. This includes but is not limited to the TRIANGLE Selection and Executive Committee, Directorship Team, and funder's representatives.
4. I certify that my Research Proposal meets all ethical requirements outlined in the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS 2), The Ontario Personal Health Information Protection Act (PHIPA) 2004, The Health Canada Guidelines for Good Clinical Practice, The Declaration of Helsinki, and any other governing body at the National, Provincial, Local, and Institutional level which applies to my research.
5. Ethical certifications: If this application is awarded, I certify that all necessary ethical certification requirements have been, or will be met, in accordance with existing CIHR policies on the ethical conduct of research, at a national, provincial, and institutional level: CIHR Funding Policies. This includes, but is not limited to certification for animals, biohazards, human genetics/sequencing, human stem cells, and human subjects.
6. I certify that this research follows the Equity, Diversity and Inclusion Requirements and Practices outlined in the CIHR policy: <https://www.chairs-chaire.gc.ca/program-programme/equity-equite/index-eng.aspx>
7. I certify that if this research involves an Indigenous community, it adheres to the values set out by the CIHR Institute of Indigenous Peoples' Health: <http://www.cihr-irsc.gc.ca/e/8172.html>
8. By submitting this application, I confirm that the institution and I have reviewed and accepted the submission of this application.
9. I certify that the statements herein are original, true, complete, and accurate to the best of my knowledge, and I agree to comply with the terms and conditions of award if an award is issued as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. I will acknowledge the award in full name in all my scientific, medical or other publications and presentations.

Signature: _____		
Printed Name: _____		
Title: <i>Applicant</i>	<i>Department Head/Dean/Chair</i>	<i>Financial Officer</i>
Date: _____		

Signature: _____		
Printed Name: _____		
Title: <i>*Other:</i>	<i>*Other:</i>	<i>*Other:</i>
Date: _____		

*TRIANGLE understand that each Institution has its own requirements. Please use these optional fields should additional signatures be required.