

**In this edition of the Communications Bulletin – Faculty of Medicine  
Announcements and Funding Opportunities**

**From:**

*Kelly Haller*

On behalf of Tana Minnella  
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1. [FACULTY OF MEDICINE 2008 CIHR New Investigator Scholarship CHECKLIST](#)
2. [Heart & Stroke Foundation of Canada – Current Opportunities, Meetings & Conferences](#)
3. [The Advanced Foods And Materials Network \(Afmnet\) – request for proposals](#)
4. [Nuu-Chah-Nulth Tribal Council – interested in partnering with Canadian Educational Institutions to apply for funding](#)
5. [Department Of Defense Deployment Related Medical Research Program](#)
6. [Canadian Hemophilia Society – Call for Applications](#)
7. [Travel And Professional Development Reimbursement For Research Associates – Message From Vp Research](#)

## **1. FACULTY OF MEDICINE (FoM) 2008 CIHR NEW INVESTIGATOR SCHOLARSHIP CHECKLIST**

Please find attached the FoM 2008 CIHR New Investigator Scholarship Checklist. This checklist lists the documents required prior to approval by the Faculty of Medicine for your reference.

**This checklist covers the FoM requirements ONLY. Applicants must also adhere to and confirm the requirements for CIHR.**

## **2. HEART AND STROKE FOUNDATION OF CANADA Current Funding Opportunities:**

### **a. Grants-in-Aid and Senior Personnel Awards**

Applications for Grants-in-Aid and Senior Personnel Awards including the Career Investigator, the New Investigator and Distinguished Clinician Scientist (New), and the Research Scholarship (New).

**DEADLINE: 4:00 P.M. E.D.T. ON FRIDAY AUGUST 29, 2008.**

### **b. Junior Personnel Awards**

For the Research Fellowships and Doctoral Research Awards

**DEADLINE: 4:00 P.M. E.D.T. ON OCTOBER 31, 2008.**

### **c. Focus on Stroke VIII Personnel Awards – *New Focus in Later Pillar Stroke Research***

The objective of the program has changed for 2008. The emphasis of this strategic initiative is to build capacity in the later themes of health research ie. clinical, health services, or population health; and to support research training of health professionals including but not limited to nurses, occupational therapists, physiotherapists, speech therapists, and pharmacists.

Research Fellowships, Doctoral Research Awards, and Research Scholarships are available through this program.

**APPLICATION DEADLINE: OCTOBER 31, 2008.**

*For more information, please visit:*

<http://www.hsf.ca/research/images/PDF/rfa%20v08.pdf>.

### **d. Operating Grant: Intervention Research (Healthy Living and Chronic**

## **Disease Prevention) – Request for Applications**

Through this initiative, HSFC is partnering with CIHR Institute of Nutrition, Metabolism and Diabetes to support research on rapidly unfolding “natural experiments” that address chronic disease prevention at the population level.

**LOI DEADLINE HAS BEEN EXTENDED UNTIL OCTOBER 15, 2008.**

*For more information, please visit:*

<http://www.researchnet-recherchenet.ca/rnr16/viewOpportunityDetails.do?prog=399&view=search&org=CIHR&sponsor=CIHR-13&type=AND&resultCount=25>.

## **e. Vascular Cognitive Impairment – Request for Proposals**

In the last 10 years, brain imaging technology has shown that, in some cases, more frequent and mostly undetected 'covert' strokes may be affecting the brain's executive function, or cognition. Covert strokes result in subtle changes that become more apparent over time and affect how we process information, think, remember, plan activities, and organize our day. People who have covert strokes are at increased risk for evident strokes and dementia. In light of this new knowledge, the Canadian Stroke Network, in partnership with HSFC, is issuing a call for proposals addressing the role of vascular disease and stroke in cognitive impairment.

**REGISTRATION DEADLINE: SEPTEMBER 26, 2008.**

**FULL PROPOSAL DEADLINE: NOVEMBER 14, 2008.**

*For more information, please visit:*

<http://www.canadianstrokenetwork.ca/eng/funding/documents/VascularCognitiveImpairmentRFP2008.pdf>.

## **Heart & Stroke Conferences And Workshops:**

### **a. The Canadian Cardiovascular Congress, Toronto, October 25-29, 2008**

*For more information please visit:*

[http://www.cardiocongress.org/English/PDF/Clinical\\_Trial\\_PosterBrd\\_Application.pdf](http://www.cardiocongress.org/English/PDF/Clinical_Trial_PosterBrd_Application.pdf).

### **b. The 7th International Conference on Urban Health, Vancouver, October 29-31, 2008**

*For more information, please visit:* <http://www.icuh2008.com/>.

### **c. The 1st National Obesity Summit, Kananaskis, Alberta, May 7-10, 2009**

*For more information, please visit:* <http://www.con-obesitysummit.ca/>.

### **d. The Vascular Matrix Biology and Bioengineering Workshop, Whistler, March 16-19, 2009**

*For more information, please visit:* <http://www.navbo.org/VMBB2009/>.

### **3. THE ADVANCED FOODS AND MATERIALS NETWORK (AFMNET)**

**LOI DEADLINE: TUESDAY, SEPTEMBER 30TH, 2008 @ 4:30 P.M. EDT.**

The Advanced Foods and Materials Network (AFMNet) is one of Canada Networks of Centres of Excellence whose mission is "to develop research based knowledge and technology resulting in novel foods and bio-materials that promote wellness, are commercially viable, and socially accepted".

To accomplish this goal AFMNet is launching the 2009 Discovery Research Request for Proposals (RFP) in the areas of:

- i) Nanotechnology related to food and bio-materials;
- ii) Nutrigenomics and disease;
- iii) Consumer attitudes and behaviour and;
- iv) Traceability and authenticity of foods and food ingredients.

AFMNet has allocated \$3M annually for two years to fund projects in the above research areas.

Specific details and the online Letter of intent application can be found at <http://www.afmnet.ca/research/discoveryRFP.html>.

If you are interested in applying please click on the "AFMNet Discovery Research Letter of Intent" link to begin your application.

### **4. NUU-CHAH-NULTH TRIBAL COUNCIL** (see attached)

The Nuu-chah-nulth Tribal Council is looking for Canadian Educational Institutions interested in partnering with them to apply for the funding necessary to conduct research in various areas (see attached).

Please kindly provide the names of interested parties by **TUESDAY, SEPTEMBER 30<sup>TH</sup>** to Dr. Kindler by e-mailing [jola.holt@ubc.ca](mailto:jola.holt@ubc.ca), Office of Vice Provost and AVP Academic Affairs.

## **5. DEPARTMENT OF DEFENSE DEPLOYMENT RELATED MEDICAL RESEARCH PROGRAM**

Fiscal Year 2008 (FY08) Supplemental appropriations bill (Public Law 110-252) appropriated \$273,800,000 to address prevention, diagnosis, treatment, and mitigation of deployment-related injuries and psychological health concerns. The Deployment Related Medical Research Program (DRMRP) was established to administer an investment of approximately \$92,000,000 of this appropriation. The DRMRP will be managed by the Congressionally Directed Medical Research Programs (CDMRP).

The Research Topic Areas include:

- \* blood safety and blood products;
- \* final development of medical devices for use in theater (including portable suction machines and EKGs for theater hospitals);
- \* injury prevention;
- \* traumatic brain injury and psychological health (including post-traumatic stress disorder);
- \* trauma treatment and rehabilitation (including face, visual/ocular and nerve damage, dental, and auditory systems);
- \* wound infection and healing; and
- \* wound infection vaccines.

**Hypothesis Development Award: PRE-APPLICATION: SEPTEMBER 22, 2008, PROPOSAL: OCTOBER 1, 2008**

**Advanced Technology / Therapeutic Development Award: PRE-APPLICATION: OCTOBER 1, 2008, PROPOSAL: OCTOBER 15, 2008**

**Clinical Trial Award: PRE-APPLICATION: OCTOBER 1, 2008, PROPOSAL: OCTOBER 15, 2008**

For more information please visit website <http://cdmrp.army.mil>

## **6. CANADIAN HEMOPHILIA SOCIETY (CHS) – Call for Applications**

1. Dream of a Cure, CHS Research Program (applications attached)
2. Summer 2009 Dream of a Cure Studentships in Hemophilia Research
3. Hematology in Action, the Hemostatis Fellowship Program in collaboration with Novo Nordisk and AHCDC
4. Care Until Cure Research Program in collaboration with Wyeth

### **APPLICATION DEADLINES: NOVEMBER 14, 2008**

For Dream of a Cure, individual grants will be awarded to researchers for one to two years with an increased maximum in 2009 of \$65,000 per year while support will be offered to two interested Canadian medical or science students for up to 4 months for a maximum stipend of \$6,000.

**The Hemostatis Fellowship Program “Hematology in Action”, a Fellowship in Congenital and Acquired Bleeding Disorders**, is the result of a collaborative effort between Novo Nordisk Canada Inc., the CHS and the Association of Hemophilia Clinic Directors of Canada. The goal of this ongoing annual research program that encompasses a one-year fellowship appointment, valued at \$75,000, is to provide fellows in hematology or other relevant fields the opportunity to acquire clinical or research skills necessary to improve care, treatment and quality of the lives of patients with hemophilia and other congenital or acquired bleeding disorders. Additional forms, as well as the general criteria and conditions for this Fellowship, are available by accessing the CHS Web site at [www.hemophilia.ca/en/3.4.php](http://www.hemophilia.ca/en/3.4.php)

The **Care Until Cure Research Program** runs in collaboration with Wyeth. This program allows Canadian investigators to conduct research on various medical and psychosocial aspects of bleeding disorders. Grants for one to two years with a maximum of \$65,000 per year will be given for clinical research, including outcome evaluation, in fields relevant to improving the quality of life of persons with hemophilia, persons with von Willebrand Disease or other inherited bleeding disorders, persons with related conditions such as HIV or hepatitis C as well as carriers of an inherited bleeding disorder. Additional forms, as well as the general criteria and conditions for Care until Cure, are available by accessing the CHS Web site at [www.hemophilia.ca/en/3.2.php](http://www.hemophilia.ca/en/3.2.php)

If you require further information, please do not hesitate to contact Mr. Michel Long at the CHS National Office at 1 800 668-2686 or by e-mail at [chs@hemophilia.ca](mailto:chs@hemophilia.ca).

Please visit the CHS Web site for more details: [www.hemophilia.ca/en/3.1.php](http://www.hemophilia.ca/en/3.1.php)

## **7. TRAVEL AND PROFESSIONAL DEVELOPMENT REIMBURSEMENT FOR RESEARCH ASSOCIATES –**

### **MESSAGE FROM VP RESEARCH**

Dear Associate Deans of Research,

I am writing to you as a reminder about the program that has been launched by the VP Research Office for Travel and Professional Development Reimbursement for Research Associates. We are currently preparing to begin our second round of accepting applications. Could you please make the Research Associates that are paid by the Departments in your Faculty aware of this opportunity? All paid Research Associates at both the UBC Vancouver and UBC Okanagan campuses are eligible. Unfortunately, Honorary RA's are not covered by this program.

Please note that the program is structured so that each Research Associate has an opportunity to access a one time maximum of \$1,300 between now and March 31, 2010. To keep administration costs low, we are having two application processes per year, April 1-30th and October 1- 31st. The full details of the program are available on our website at <http://www.research.ubc.ca/RA.aspx>

I look forward to working with you as we continue this program. Please contact me at the e-mail address or phone number below if you have any questions or concerns.

Best regards,

Janis Lai  
Vice President Research Office  
svpr@exchange.ubc.ca  
604-822-3090



**RESEARCH GRANT  
- 2008 APPLICATION FORM -**

Please send this completed application, **electronically** (using a font size of 10 point), by **November 14, 2008** to:

[chs@hemophilia.ca](mailto:chs@hemophilia.ca)

**AND**

One (1) **original paper copy**, including signatures, by **November 14, 2008** to:

Canadian Hemophilia Society  
505 – 625 President Kennedy Avenue, Montreal, QC H3A 1K2

Grants will commence April 1<sup>st</sup>, 2009 (for 2008) and may be for one or two years with a maximum of \$65,000 per year.

**For further information contact the CHS:**

**E-mail:** [chs@hemophilia.ca](mailto:chs@hemophilia.ca)

**Telephone:** 1 800 668-2686

**All applicants must consult the general criteria at [www.hemophilia.ca/en/3.1.2.php](http://www.hemophilia.ca/en/3.1.2.php) and the general conditions at [www.hemophilia.ca/en/3.1.3.php](http://www.hemophilia.ca/en/3.1.3.php) before completing this application.**

**IMPORTANT!** Use the arrow keys to navigate between fields, or the TAB key to move to the next field; or click on a field with your mouse to enter data.

Hit the enter/return key **ONLY** when you have multiple entries to include within a field.

To ensure that all graphic lines and boxes on this form are displayed, select print layout on the view menu.

**1. INFORMATION ABOUT PRINCIPLE INVESTIGATOR: (as at time of application)**

Last name

First name

Initial

Title

Dr.

Ms.

Mr.

Prof.

Institution

Department

Citizenship (refer to eligibility criteria)

Street address (include street type, and any floor, suite or room numbers to ensure precise addressing)



City	Province	Postal code
Telephone	Fax	
E-mail address		

**2. TITLE OF RESEARCH PROJECT:**

**3. INFORMATION ABOUT CO-INVESTIGATOR #1: (as at time of application)**

Last name	First name	Initial
Title    Dr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Prof. <input type="checkbox"/>		
Institution	Department	
Citizenship (refer to eligibility criteria)		

**INFORMATION ABOUT CO-INVESTIGATOR #2: (as at time of application)**

Last name	First name	Initial
Title    Dr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Prof. <input type="checkbox"/>		
Institution	Department	
Citizenship (refer to eligibility criteria)		

**INFORMATION ABOUT CO-INVESTIGATOR #3: (as at time of application)**

Last name	First name	Initial
Title      Dr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Prof. <input type="checkbox"/>		
Institution	Department	
Citizenship (refer to eligibility criteria)		

**4. RESEARCH ADDRESS:** Provide the location where your research will be conducted.

Department	Institution	
Street address (include street type, and any floor, suite or room numbers to ensure precise addressing)		
City	Province	Postal code
Telephone	Fax	
E-mail address		

**5. AMOUNT REQUESTED:** Summary of annual budgets from April 1 to March 31. Details to be provided in Section 6.

Estimated duration of research: 1 year <input type="checkbox"/> 2 year <input type="checkbox"/>
Percentage of time senior investigator would spend on project:

	1 <sup>st</sup> year	2 <sup>nd</sup> year
<b>Personnel (technicians, research assistants)</b>		

<b>Equipment</b>		
<b>Materials &amp; supplies</b>		
<b>Other items</b>		
<b>Travel</b>		
<b>TOTAL for each year of project</b>		
<b>GRAND TOTAL – Total of two years</b>		

**6. FINANCIAL REQUIREMENT FOR TOTAL PERIOD OF PROJECT \$**

**FINANCIAL BREAKDOWN FOR FIRST YEAR**

**SALARIES**

(a) (list technical personnel rates of pay, key responsibilities and period of employment)

Sub-total Yr. 1      Estimate Yr. 2

**EQUIPMENT**

(b) (list items and amounts)

Sub-total Yr. 1      Estimate Yr. 2

**SUPPLIES**

(c) (list items and amounts)

Sub-total Yr. 1      Estimate Yr. 2

**OTHER ITEMS**

(d)

**7. RESEARCH ACCOUNTING ADDRESS:** Provide the name and address of the Financial Officer at the host institution responsible for the financial administration of your research award.

Name of Financial Officer		Title	
Institution		Department	
Street address			
City	Province	Country	Postal code
Telephone		Fax	
E-mail address		Revenue Canada Registration Number	
Signature		Date	

**8. ETHICS APPROVAL**

Does your project involve	Animals	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Humans	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Biohazards	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you answered "YES" to any of the above, please complete the relevant ethics approval form(s) at the end of this application. Please note that these approvals are a condition of award and will therefore be required prior to implementation.

**9. STIPENDS, BURSARIES OR SUBSIDIES:** If a stipend, bursary or subsidy has been sought or received from other agencies, programs or foundations, specify source, amount(s) and period(s) of support. Please list them all.

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**10. EDUCATION:** Specify each degree attained, starting with most recent.

Degrees	Start dates (m/y)	End dates (m/y)	Institutions	Medical/Scientific fields

**11. ACADEMIC AWARDS AND DISTINCTIONS:** List all the awards received since the start of your undergraduate training.

Name of awards	Start dates (m/y)	End dates (m/y)	Sponsors	Description of awards	Value/yr

**12. STAGE OF TRAINING**

FRCPC	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, give specialty:		
If no, give date expected and specialty:	Month	Year
		Specialty

Residency training and level	Training	Level
Other training		

**13. RESEARCH AND/OR PROFESSIONAL EXPERIENCE:** Starting with present position, list in reverse chronological order, training and experience relevant to area of project. Please provide an explanation for any career interruptions.

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**14. PUBLICATIONS AND PRESENTATIONS:**

Indicate the number of publications (excluding abstracts)

Published	Submitted	Posters	Presentations
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List papers published during the past five years. Include papers accepted for publication. Abstracts should be identified as such.

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**15. DESCRIPTION OF RESEARCH PROJECT:** Provide a summary of proposed training/research (500 words or less).

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**16. OUTLINE OF YOUR PROPOSED TRAINING/RESEARCH, YOUR OBJECTIVES AND TRAINING/RESEARCH PLANS** (maximum of 5000 words not counting references).

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**17. DESCRIPTION OF PROPOSED RESEARCH PROJECT IN LAY TERMS (NON SCIENTIFIC) FOR INCLUSION IN CHS PUBLICATIONS (200 WORDS OR LESS)** (no attachments to this page).

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**18. REFERENCE LETTERS:** List three individuals you have asked to submit a letter of reference on your behalf. The proposed supervisor may provide one of the letters of reference.

Name	Position/Title	Address	Telephone	Fax	E-mail

**19. SIGNATURES:**

I certify that I have read the appropriate grant conditions on the Canadian Hemophilia Society Web site, and I hereby agree to abide by these conditions if I am provided support.

Name of Principle Investigator

Signature \_\_\_\_\_

Date

Name of Co-Investigator #1

Signature \_\_\_\_\_

Date

Name of Co-Investigator #2

Signature \_\_\_\_\_

Date

Name of Co-Investigator #3

Signature \_\_\_\_\_

Date

Head of Department

Signature \_\_\_\_\_

Date

President or Designated Officer

Signature \_\_\_\_\_

Date

CANADIAN HEMOPHILIA SOCIETY / SOCIÉTÉ CANADIENNE DE L'HÉMOPHILIE

**ETHICAL ACCEPTABILITY OF RESEARCH  
INVOLVING HUMAN SUBJECTS:  
REPORT OF RESEARCH ETHICS BOARD**

**CONFORMITÉ À L'ÉTHIQUE EN MATIÈRE DE  
RECHERCHE SUR DES HUMAINS :  
RAPPORT DU COMITÉ D'ÉTHIQUE POUR LA  
RECHERCHE**

Required for all applications proposing research involving human subjects.

Obligatoire pour toutes les demandes concernant des recherches sur des humains.

Funds from the Canadian Hemophilia Society may not be used for research involving human subjects unless the research proposed has been found acceptable by a Research Ethics Board appointed and operating in accord with the CIHR Guidelines on Research involving Human Subjects (1987) and/or the CIHR Guidelines for Research on Somatic Cell Gene Therapy in Humans (1990).

Les fonds que la Société canadienne de l'hémophilie a accordés ne pourront servir à des recherches sur des humains à moins que le Comité d'éthique pour la recherche établi et dirigé conformément aux Lignes directrices du IRSC concernant la recherche sur des sujets humains (1987) n'ait convenu que la recherche proposée répond aux normes d'éthique et/ou aux lignes directrices du IRSC concernant la recherche sur la thérapie génique somatique chez les humains (1990).

The completed form must be received by CHS no later than sixty [60] days after the deadline date for the receipt of the application. If the form is not provided within this period, the application will not be considered.

Le formulaire dûment rempli doit être reçu par la SCH au plus tard soixante [60] jours après la date limite de réception de la demande. Si le formulaire n'est pas fourni au bout de ce délai, la candidature ne sera pas étudiée.

**STATEMENT FROM THE INSTITUTION\* IN WHICH THE  
RESEARCH WILL BE PERFORMED**

**DÉCLARATION DE L'INSTITUTION\* OÙ SE  
DÉROULERA LA RECHERCHE**

**The research Ethics Board established by:**

**Le Comité d'éthique pour la recherche établi par :**

\_\_\_\_\_  
(Institution\* in which the research will be performed)

\_\_\_\_\_  
(Institution\* où se déroulera la recherche)

**has examined the application for research funds  
entitled** (use the same title as on the application submitted to CHS):

**a étudié la demande de financement de la recherche  
intitulée** (utiliser le même titre que celui indiqué sur la demande présentée à la SCH) :

**submitted by:**

**soumise par :**

\_\_\_\_\_  
(Name of applicant as appearing on the application submitted to CHS)

\_\_\_\_\_  
(Nom du candidat tel qu'il apparaît sur la demande soumise à la SCH)

**and found the proposed research involving human  
subjects to be ethically acceptable.**

**et a convenu que la recherche proposée sur des  
humains est conforme à l'éthique.**

Name of institution's representative for research involving human subjects

Nom du délégué de l'institution\* en matière de recherche sur des humains

Representative signature/du délégué \_\_\_\_\_

Date

Applicant signature/du candidat \_\_\_\_\_

Date

\* Institution includes universities, hospitals, or research institutes.

\* Par institution, on entend les universités, les hôpitaux ou les instituts de recherche



**ETHICAL ACCEPTABILITY OF ANIMAL  
RESEARCH:  
REPORT OF THE ANIMAL CARE COMMITTEE**

**CONFORMITÉ À L'ÉTHIQUE EN MATIÈRE DE  
RECHERCHE SUR DES ANIMAUX :  
RAPPORT DU COMITÉ DE PROTECTION DES  
ANIMAUX**

Required for all applications proposing research involving animals.

Obligatoire pour toutes les demandes concernant des recherches sur des animaux.

Funds from the Canadian Hemophilia Society may not be used for research involving animals unless the research proposed has been found acceptable by an Animal Care Committee appointed and operating in accord with the Guide to Care and Use of Experimental Animals of the Canadian Council on Animal Care (CCAC) (Vol. 1 [1980], Vol. 2 [1984]).

Les fonds que la Société canadienne de l'hémophilie a accordés ne pourront servir à des recherches sur des animaux à moins que le Comité de protection des animaux établi et dirigé conformément au Manuel sur le soin et l'utilisation des animaux d'expérimentation (Vol. 1 [1980], Vol. 2 [1984]) du Conseil canadien de protection des animaux (CCPA) n'ait convenu que la recherche proposée répond aux normes établies par le CCPA.

The completed form must be received by CHS no later than sixty [60] days after the deadline date for the receipt of the application. If the form is not provided within this period, the application will not be considered.

Le formulaire dûment rempli doit être reçu par la SCH au plus tard soixante [60] jours après la date limite de réception de la demande. Si le formulaire n'est pas fourni au bout de ce délai, la candidature ne sera pas étudiée.

**STATEMENT FROM THE INSTITUTION\* IN WHICH THE  
RESEARCH WILL BE PERFORMED**

**DÉCLARATION DE L'INSTITUTION\* OÙ SE  
DÉROULERA LA RECHERCHE**

**The Animal Care Committee established by:**

**Le Comité de protection des animaux établi par :**

(Institution\* in which the research will be performed)

(Institution\* où se déroulera la recherche)

**has examined the protocol for research funds entitled**  
(use the same title as on the application submitted to CHS):

**a étudié le protocole de la recherche intitulée** (utiliser le même titre que celui indiqué sur la demande présentée à la SCH) :

**submitted by:**

**soumise par :**

(Name of applicant as appearing on the application submitted to CHS)

(Nom du candidat tel qu'il apparaît sur la demande soumise à la SCH)

**and found the proposed protocol involving animals to meet the standards of the CCAC, and that the facilities in which the animals will be housed and used comply with the CCAC requirements.**

**et a convenu que la recherche proposée sur des animaux répond aux normes établies par le CCPA, et que les installations qui abriteront les animaux qui serviront à l'expérimentation sont conformes aux exigences du CCPA.**

Name of institution's representative for research involving animals

Nom du délégué de l'institution\* en matière de recherche sur des animaux

Representative signature/du délégué \_\_\_\_\_

Date

Applicant signature/du candidat \_\_\_\_\_

Date

\* Institution includes universities, hospitals, or research institutes.

\* Par institution, on entend les universités, les hôpitaux ou les instituts de recherche

**BIOHAZARDS CONTAINMENT CERTIFICATION:  
REPORT OF THE BIOHAZARDS COMMITTEE**

Required for all applications proposing research involving biohazards.

Funds from the Canadian Hemophilia Society may not be used for research involving recombinant DNA molecules or animal viruses and cells unless the proposed research has been found acceptable by a Biohazards Committee appointed and operating in accord with the Health Canada and CIHR Laboratory Biosafety Guidelines (1990) and the research involving biohazards will be carried out under the required level of containment facilities.

The completed form must be received by CHS no later than sixty [60] days after the deadline date for the receipt of the application. If the form is not provided within this period, the application will not be considered.

**STATEMENT FROM THE INSTITUTION\* IN WHICH THE RESEARCH WILL BE PERFORMED**

**The Biohazards Committee established by:**

\_\_\_\_\_  
(Institution\* in which the research will be performed)

**has examined the application for research funds entitled** (use the same title as on the application submitted to CHS):

**submitted by:**

\_\_\_\_\_  
(Name of applicant as appearing on the application submitted to CHS)

**and certifies that the proposed research will be carried out under containment conditions meeting level \_\_\_\_\_ in accord with the CIHR Guidelines.**

Name of institution's representative for research involving biohazards

Representative signature/du délégué \_\_\_\_\_

Date

Applicant signature/du candidat \_\_\_\_\_

Date

**ATTESTATION DE CONFINEMENT DES RISQUES BIOLOGIQUES :  
RAPPORT DU COMITÉ D'ÉTHIQUE SUR LES BIORISQUES**

Obligatoire pour toutes les demandes concernant des recherches avec des risques biologiques.

Les fonds que la Société canadienne de l'hémophilie a accordés ne pourront servir à des recherches impliquant la manipulation de molécules d'ADN produites par recombinaison ou des cellules et virus d'animaux à moins qu'un comité sur les biorisques établi et dirigé conformément aux Lignes directrices (1990) de Santé Canada et du IRSC en matière de biosécurité en laboratoire n'ait convenu que la recherche proposée répond à ces normes et que la recherche comportant des risques biologiques respectera le niveau requis de confinement physique.

Le formulaire dûment rempli doit être reçu par la SCH au plus tard soixante [60] jours après la date limite de réception de la demande. Si le formulaire n'est pas fourni au bout de ce délai, la candidature ne sera pas étudiée.

**DÉCLARATION DE L'INSTITUTION\* OÙ SE DÉROULERA LA RECHERCHE**

**Le Comité de risques biologiques établi par :**

\_\_\_\_\_  
(Institution\* où se déroulera la recherche)

**a étudié la demande de financement de la recherche intitulée** (utiliser le même titre que celui indiqué sur la demande présentée à la SCH) :

**soumise par :**

\_\_\_\_\_  
(Nom du candidat tel qu'il apparaît sur la demande soumise à la SCH)

**et a convenu que la recherche proposée respectera le niveau de confinement \_\_\_\_\_ conformément aux directives du IRSC.**

Nom du délégué de l'institution\* en matière de recherche sur des humains

\* Institution includes universities, hospitals, or research institutes.

\* Par institution, on entend les universités, les hôpitaux ou les instituts de recherche

**CARE UNTIL CURE**  
RESEARCH PROGRAM



**RESEARCH GRANT**  
**- 2008 APPLICATION FORM -**

Please send this completed application, **electronically** (using a font size of 10 point), by **November 14, 2008** to:

[chs@hemophilia.ca](mailto:chs@hemophilia.ca)

**AND**

One (1) **original paper copy**, including signatures, by **November 14, 2008** to:

Canadian Hemophilia Society  
505 – 625 President Kennedy Avenue, Montreal, QC H3A 1K2

Grants will commence April 1<sup>st</sup>, 2009 (for 2008) and may be for one or two years with a maximum of \$65,000 per year.

**For further information contact the CHS:**

**E-mail:** [chs@hemophilia.ca](mailto:chs@hemophilia.ca)

**Telephone:** 1 800 668-2686

**All applicants must consult the general criteria at [www.hemophilia.ca/en/3.2.2.php](http://www.hemophilia.ca/en/3.2.2.php) and the general conditions at [www.hemophilia.ca/en/3.2.3.php](http://www.hemophilia.ca/en/3.2.3.php) before completing this application.**

**IMPORTANT!** Use the arrow keys to navigate between fields, or the TAB key to move to the next field; or click on a field with your mouse to enter data.

Hit the enter/return key **ONLY** when you have multiple entries to include within a field.

To ensure that all graphic lines and boxes on this form are displayed, select print layout on the view menu.

**1. INFORMATION ABOUT PRINCIPLE INVESTIGATOR: (as at time of application)**

Last name

First name

Initial

Title

Dr.  Ms.  Mr.  Prof.

Institution

Department

Citizenship (refer to eligibility criteria)

Street address (include street type, and any floor, suite or room numbers to ensure precise addressing)

City	Province	Postal code
Telephone		Fax
E-mail address		

**2. IN WHICH CATEGORY DOES THIS PROJECT FIT:**

- Hemophilia
- Von Willebrand disease or other inherited bleeding disorders
- Related conditions such as HIV or hepatitis C
- Carriers of an inherited bleeding disorder

**3. TITLE OF RESEARCH PROJECT:**

**4. INFORMATION ABOUT CO-INVESTIGATOR #1: (as at time of application)**

Last name	First name	Initial
Title      Dr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Prof. <input type="checkbox"/>		
Institution	Department	
Citizenship (refer to eligibility criteria)		

**INFORMATION ABOUT CO-INVESTIGATOR #2: (as at time of application)**

Last name	First name	Initial
Title      Dr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Prof. <input type="checkbox"/>		

Institution	Department	
Citizenship (refer to eligibility criteria)		
<b>INFORMATION ABOUT CO-INVESTIGATOR #3: (as at time of application)</b>		
Last name	First name	Initial
Title      Dr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Prof. <input type="checkbox"/>		
Institution	Department	
Citizenship (refer to eligibility criteria)		

<b>5. RESEARCH ADDRESS:</b> Provide the location where your research will be conducted.		
Department	Institution	
Street address (include street type, and any floor, suite or room numbers to ensure precise addressing)		
City	Province	Postal code
Telephone	Fax	
E-mail address		

<b>6. AMOUNT REQUESTED:</b> Summary of annual budgets from April 1 to March 31. Details to be provided in Section 7.
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Estimated duration of research: 1 year  2 year

Percentage of time senior investigator would spend on project:

	1 <sup>st</sup> year	2 <sup>nd</sup> year
<b>Personnel (technicians, research assistants)</b>		
<b>Equipment</b>		
<b>Materials &amp; supplies</b>		
<b>Other items</b>		
<b>Travel</b>		
<b>TOTAL for each year of project</b>		
<b>GRAND TOTAL – Total of two years</b>		

**7. FINANCIAL REQUIREMENT FOR TOTAL PERIOD OF PROJECT \$**

**FINANCIAL BREAKDOWN FOR FIRST YEAR**

**SALARIES**

(a) (list technical personnel rates of pay, key responsibilities and period of employment)

Sub-total Yr. 1      Estimate Yr. 2

**EQUIPMENT**

(b) (list items and amounts)

Sub-total Yr. 1      Estimate Yr. 2

**SUPPLIES**

(c) (list items and amounts)

Sub-total Yr. 1      Estimate Yr. 2

**OTHER ITEMS**

(d)

**8. RESEARCH ACCOUNTING ADDRESS:** Provide the name and address of the Financial Officer at the host institution responsible for the financial administration of your research award.

Name of Financial Officer		Title	
Institution		Department	
Street address			
City	Province	Country	Postal code
Telephone		Fax	
E-mail address		Revenue Canada Registration #	
Signature		Date	

**9. ETHICS APPROVAL**

Does your project involve	Animals	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Humans	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Biohazards	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you answered "YES" to any of the above, please complete the relevant ethics approval form(s) at the end of this application. Please note that these approvals are a condition of award and will therefore be required prior to implementation.

**10. STIPENDS, BURSARIES OR SUBSIDIES:** If a stipend, bursary or subsidy has been sought or received from other agencies, programs or foundations, specify source, amount(s) and period(s) of support. Please list them all.

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**11. EDUCATION:** Specify each degree attained, starting with most recent.

Degrees	Start dates (m/y)	End dates (m/y)	Institutions	Medical/Scientific fields

**12. ACADEMIC AWARDS AND DISTINCTIONS:** List all the awards received since the start of your undergraduate training.

Name of awards	Start dates (m/y)	End dates (m/y)	Sponsors	Description of awards	Value/yr

**13. STAGE OF TRAINING**

FRCPC	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, give specialty:		
If no, give date expected and specialty:	Month	Year
		Specialty



Residency training and level	Training	Level
Other training		

**14. RESEARCH AND/OR PROFESSIONAL EXPERIENCE:** Starting with present position, list in reverse chronological order, training and experience relevant to area of project. Please provide an explanation for any career interruptions.

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**15. PUBLICATIONS AND PRESENTATIONS:**

Indicate the number of publications (excluding abstracts)

Published	Submitted	Posters	Presentations
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List papers published during the past five years. Include papers accepted for publication. Abstracts should be identified as such.

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**16. DESCRIPTION OF RESEARCH PROJECT:** Provide a summary of proposed research (500 words or less).

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**17. OUTLINE OF YOUR PROPOSED RESEARCH, YOUR OBJECTIVES AND RESEARCH PLANS** (maximum of 5000 words not counting references).

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**18. DESCRIPTION OF PROPOSED RESEARCH PROJECT IN LAY TERMS (NON SCIENTIFIC) FOR INCLUSION IN CHS PUBLICATIONS (200 WORDS OR LESS)** (no attachments to this page)

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**19. REFERENCE LETTERS:** List three individuals you have asked to submit a letter of reference on your behalf. The proposed supervisor may provide one of the letters of reference.

Name	Position/Title	Address	Telephone	Fax	E-mail

**20. SIGNATURES:**

I certify that I have read the appropriate grant conditions on the Canadian Hemophilia Society Web site, and I hereby agree to abide by these conditions if I am provided support

Name of Principle Investigator

Signature \_\_\_\_\_

Date

Name of Co-Investigator #1

Signature \_\_\_\_\_

Date

Name of Co-Investigator #2

Signature \_\_\_\_\_

Date

Name of Co-Investigator #3

Signature \_\_\_\_\_

Date

Head of Department

Signature \_\_\_\_\_

Date

President or Designated Officer

Signature \_\_\_\_\_

Date

CANADIAN HEMOPHILIA SOCIETY / SOCIÉTÉ CANADIENNE DE L'HÉMOFILIE

**ETHICAL ACCEPTABILITY OF RESEARCH  
INVOLVING HUMAN SUBJECTS:  
REPORT OF RESEARCH ETHICS BOARD**

**CONFORMITÉ À L'ÉTHIQUE EN MATIÈRE DE  
RECHERCHE SUR DES HUMAINS :  
RAPPORT DU COMITÉ D'ÉTHIQUE POUR LA  
RECHERCHE**

Required for all applications proposing research involving human subjects.

Obligatoire pour toutes les demandes concernant des recherches sur des humains.

Funds from the Canadian Hemophilia Society may not be used for research involving human subjects unless the research proposed has been found acceptable by a Research Ethics Board appointed and operating in accord with the CIHR Guidelines on Research involving Human Subjects (1987) and/or the CIHR Guidelines for Research on Somatic Cell Gene Therapy in Humans (1990).

Les fonds que la Société canadienne de l'hémophilie a accordés ne pourront servir à des recherches sur des humains à moins que le Comité d'éthique pour la recherche établi et dirigé conformément aux Lignes directrices du IRSC concernant la recherche sur des sujets humains (1987) n'ait convenu que la recherche proposée répond aux normes d'éthique et/ou aux lignes directrices du IRSC concernant la recherche sur la thérapie génique somatique chez les humains (1990).

The completed form must be received by CHS no later than sixty [60] days after the deadline date for the receipt of the application. If the form is not provided within this period, the application will not be considered.

Le formulaire dûment rempli doit être reçu par la SCH au plus tard soixante [60] jours après la date limite de réception de la demande. Si le formulaire n'est pas fourni au bout de ce délai, la candidature ne sera pas étudiée.

**STATEMENT FROM THE INSTITUTION\* IN WHICH THE  
RESEARCH WILL BE PERFORMED**

**DÉCLARATION DE L'INSTITUTION\* OÙ SE  
DÉROULERA LA RECHERCHE**

**The research Ethics Board established by:**

**Le Comité d'éthique pour la recherche établi par :**

\_\_\_\_\_  
(Institution\* in which the research will be performed)

\_\_\_\_\_  
(Institution\* où se déroulera la recherche)

**has examined the application for research funds  
entitled** (use the same title as on the application submitted to CHS):

**a étudié la demande de financement de la recherche  
intitulée** (utiliser le même titre que celui indiqué sur la demande présentée à la SCH) :

**submitted by:**

**soumise par :**

\_\_\_\_\_  
(Name of applicant as appearing on the application submitted to CHS)

\_\_\_\_\_  
(Nom du candidat tel qu'il apparaît sur la demande soumise à la SCH)

**and found the proposed research involving human  
subjects to be ethically acceptable.**

**et a convenu que la recherche proposée sur des  
humains est conforme à l'éthique.**

Name of institution's representative for research involving human subjects

Nom du délégué de l'institution\* en matière de recherche sur des humains

Representative signature/du délégué \_\_\_\_\_

Date

Applicant signature/du candidat \_\_\_\_\_

Date

\* Institution includes universities, hospitals, or research institutes.

\* Par institution, on entend les universités, les hôpitaux ou les instituts de recherche

**ETHICAL ACCEPTABILITY OF ANIMAL  
RESEARCH:  
REPORT OF THE ANIMAL CARE COMMITTEE**

**CONFORMITÉ À L'ÉTHIQUE EN MATIÈRE DE  
RECHERCHE SUR DES ANIMAUX :  
RAPPORT DU COMITÉ DE PROTECTION DES  
ANIMAUX**

Required for all applications proposing research involving animals.

Obligatoire pour toutes les demandes concernant des recherches sur des animaux.

Funds from the Canadian Hemophilia Society may not be used for research involving animals unless the research proposed has been found acceptable by an Animal Care Committee appointed and operating in accord with the Guide to Care and Use of Experimental Animals of the Canadian Council on Animal Care (CCAC) (Vol. 1 [1980], Vol. 2 [1984]).

Les fonds que la Société canadienne de l'hémophilie a accordés ne pourront servir à des recherches sur des animaux à moins que le Comité de protection des animaux établi et dirigé conformément au Manuel sur le soin et l'utilisation des animaux d'expérimentation (Vol. 1 [1980], Vol. 2 [1984]) du Conseil canadien de protection des animaux (CCPA) n'ait convenu que la recherche proposée répond aux normes établies par le CCPA.

The completed form must be received by CHS no later than sixty [60] days after the deadline date for the receipt of the application. If the form is not provided within this period, the application will not be considered.

Le formulaire dûment rempli doit être reçu par la SCH au plus tard soixante [60] jours après la date limite de réception de la demande. Si le formulaire n'est pas fourni au bout de ce délai, la candidature ne sera pas étudiée.

**STATEMENT FROM THE INSTITUTION\* IN WHICH THE  
RESEARCH WILL BE PERFORMED**

**DÉCLARATION DE L'INSTITUTION\* OÙ SE  
DÉROULERA LA RECHERCHE**

**The Animal Care Committee established by:**

**Le Comité de protection des animaux établi par :**

(Institution\* in which the research will be performed)

(Institution\* où se déroulera la recherche)

**has examined the protocol for research funds entitled**  
(use the same title as on the application submitted to CHS):

**a étudié le protocole de la recherche intitulée** (utiliser le même titre que celui indiqué sur la demande présentée à la SCH) :

**submitted by:**

**soumise par :**

(Name of applicant as appearing on the application submitted to CHS)

(Nom du candidat tel qu'il apparaît sur la demande soumise à la SCH)

**and found the proposed protocol involving animals to meet the standards of the CCAC, and that the facilities in which the animals will be housed and used comply with the CCAC requirements.**

**et a convenu que la recherche proposée sur des animaux répond aux normes établies par le CCPA, et que les installations qui abriteront les animaux qui serviront à l'expérimentation sont conformes aux exigences du CCPA.**

Name of institution's representative for research involving animals

Nom du délégué de l'institution\* en matière de recherche sur des animaux

Representative signature/du délégué \_\_\_\_\_

Date

Applicant signature/du candidat \_\_\_\_\_

Date

\* Institution includes universities, hospitals, or research institutes.

\* Par institution, on entend les universités, les hôpitaux ou les instituts de recherche

**BIOHAZARDS CONTAINMENT CERTIFICATION:  
REPORT OF THE BIOHAZARDS COMMITTEE**

Required for all applications proposing research involving biohazards.

Funds from the Canadian Hemophilia Society may not be used for research involving recombinant DNA molecules or animal viruses and cells unless the proposed research has been found acceptable by a Biohazards Committee appointed and operating in accord with the Health Canada and CIHR Laboratory Biosafety Guidelines (1990) and the research involving biohazards will be carried out under the required level of containment facilities.

The completed form must be received by CHS no later than sixty [60] days after the deadline date for the receipt of the application. If the form is not provided within this period, the application will not be considered.

**STATEMENT FROM THE INSTITUTION\* IN WHICH THE RESEARCH WILL BE PERFORMED**

**The Biohazards Committee established by:**

\_\_\_\_\_  
(Institution\* in which the research will be performed)

**has examined the application for research funds entitled** (use the same title as on the application submitted to CHS):

**submitted by:**

\_\_\_\_\_  
(Name of applicant as appearing on the application submitted to CHS)

**and certifies that the proposed research will be carried out under containment conditions meeting level \_\_\_\_\_ in accord with the CIHR Guidelines.**

Name of institution's representative for research involving biohazards

Representative signature/du délégué \_\_\_\_\_

Date

Applicant signature/du candidat \_\_\_\_\_

Date

**ATTESTATION DE CONFINEMENT DES RISQUES BIOLOGIQUES :  
RAPPORT DU COMITÉ D'ÉTHIQUE SUR LES BIORISQUES**

Obligatoire pour toutes les demandes concernant des recherches avec des risques biologiques.

Les fonds que la Société canadienne de l'hémophilie a accordés ne pourront servir à des recherches impliquant la manipulation de molécules d'ADN produites par recombinaison ou des cellules et virus d'animaux à moins qu'un comité sur les biorisques établi et dirigé conformément aux Lignes directrices (1990) de Santé Canada et du IRSC en matière de biosécurité en laboratoire n'ait convenu que la recherche proposée répond à ces normes et que la recherche comportant des risques biologiques respectera le niveau requis de confinement physique.

Le formulaire dûment rempli doit être reçu par la SCH au plus tard soixante [60] jours après la date limite de réception de la demande. Si le formulaire n'est pas fourni au bout de ce délai, la candidature ne sera pas étudiée.

**DÉCLARATION DE L'INSTITUTION\* OÙ SE DÉROULERA LA RECHERCHE**

**Le Comité de risques biologiques établi par :**

\_\_\_\_\_  
(Institution\* où se déroulera la recherche)

**a étudié la demande de financement de la recherche intitulée** (utiliser le même titre que celui indiqué sur la demande présentée à la SCH) :

**soumise par :**

\_\_\_\_\_  
(Nom du candidat tel qu'il apparaît sur la demande soumise à la SCH)

**et a convenu que la recherche proposée respectera le niveau de confinement \_\_\_\_\_ conformément aux directives du IRSC.**

Nom du délégué de l'institution\* en matière de recherche sur des humains

\* Institution includes universities, hospitals, or research institutes.

\* Par institution, on entend les universités, les hôpitaux ou les instituts de recherche

**FACULTY OF MEDICINE (FOM)**  
**2008 CIHR NEW INVESTIGATOR SCHOLARSHIP CHECKLIST**

**NOTE: THIS CHECKLIST COVERS THE FOM REQUIREMENTS ONLY**  
**YOU MUST ALSO ADHERE TO AND CONFIRM THE REQUIREMENTS FOR CIHR**

Applicant Name: \_\_\_\_\_

Date Received: \_\_\_\_\_

**FOM DEAN'S OFFICE REQUIREMENTS**

- FoM Grant Cover Sheet**
  - PI Signature
  - Department Head / School Director Signature
  - Dean's Signature
- Request for Dean's Approval of Personnel Award (Salary Award) Application Form**
  - Department Head / School Director Signature
- 2 HeRRO Reviewer Sign-Off Forms included or on file**
  - Reviewer #1 Signature
  - Reviewer #2 Signature
- Completion of Grant Development**

**FOM DEAN'S OFFICE CIHR-SPECIFIC REQUIREMENTS**

- Dean's Letter of Support**
  - Dean's Signature
- Application Details Page**
- Applicant Signature Page**
  - Applicant's Signature
- Signature Page (Institution / Department Head / Dean of Faculty)**
  - i. Institution Signature
  - ii. Department Head / School Director Signature
  - iii. Dean of Faculty Signature
- Appendix 2(a)**
  - i. **Other Responsibilities**  Department Head / School Director Signature
  - ii. **Research Interactions Page**  Department Head / School Director Signature
  - iii. **Commitment Letter**  Department Head / School Director Signature  
(essentially Department Head Letter confirming space, research time, and amount of start-up funds for matching purposes).
- CV Module**
  - Applicant Signature (page 1)
- Appendix 1(b)\* - Letter of Support** (only required if appointment is pending; or when specific incremental cash or in-kind contributions are being provided in support of the proposed research)  
\*Appendix 1 is only required if you are also applying for an Operating Grant.

*Once signed by FoM, your application will be taken to the Office of Research Services for institution signature.*

**Please note: Applicants must pick up their application from the Office of Research Services (ORS) to scan and upload the letters of support (Dean's letter of support and Commitment letter) to their electronic submission via ResearchNet. Applicants must send signature pages to CIHR.**

Date Completed: \_\_\_\_\_



# Nuu-chah-nulth Tribal Council

AHOUSAHT  
DITIDAHT  
EHATTESAHT  
HESQUIAHT  
KA:'YU:'K'T'H'/CHE:'K'TLES7ET'H'

MOWACHAHT/MUCHALAHT  
NUCHATLAHT  
HUPACASATH  
HUU-AY-AHT

TLA-O-QUI-AHT  
TOQUAHT  
TSESHAHT  
UCHUCKLESAHT  
UCLUELET

P.O. BOX 1383  
PORT ALBERNI, BC V9Y 7M2

TELEPHONE: 250-724-5757  
FAX: 250-723-0463

August 11, 2008

Canadian Education Institution

## **RE: Nuuchahnulth Research Priorities**

The Nuuchahnulth Research Ethics Committee was developed several years ago to address the issue of the Dr. Ward Arthritis blood study. The committee has since moved beyond their original scope and has worked to develop protocol for conducting research in Nuuchahnulth communities. As part of our strategic planning we have also included participation in actively seeking out research partners.

As part of our strategic plan, we are providing information to Canadian Educational Institutions regarding the research priorities for the Nuuchahnulth Tribal Council. We are hopeful that some institutions would be interested in partnering with the Nuuchahnulth Tribal Council to apply for the funding necessary to conduct research. We have provided a summary of some of the types of research we would like to see conducted in our communities and welcome any discussions you would like to have regarding a possible partnership.

If you have any questions or concerns, please do not hesitate to contact Lynnette Barbosa (Research Ethics Committee Resource) @ (250) 724-5757 or through e-mail at [lbarbosa@nuuchahnulth.org](mailto:lbarbosa@nuuchahnulth.org).

Sincerely,

Darleen Watts  
Chair, Research Ethics Committee

The Nuu-chah-nulth Tribal Council sees the following gaps / issues in their communities and would welcome research partners who would be interested in assisting the community in addressing these issues.

1. The research and development of an effective change model that would facilitate sustained change in unhealthy dietary lifestyle habits (culturally appropriate). Much of our healthcare dollars are spent on clients who have diabetes or cardiovascular disease. The development of a change model would assist in creating healthier people in our communities
2. What type of supportive environment would serve the Nuu-chah-nulth elders and those with developmental needs?
3. Would supportive housing be viable in each region, or in the communities?
4. How can we get trained people (funding and supportive environments)?
5. The best method for introducing language with the greatest retention results.
6. In depth examination of aboriginal learning styles and needs and what is workable in our system.
7. Creating an education system that better reflects our diverse society and honours our First Nations history.
8. FAS/FASD
9. Suicide
10. Accurate census on total population and what percentage are high -health expenditure users by individual program areas.
11. Research on effectiveness of doctors traveling into NFN communities as opposed to not having them do so.
12. Development of a consistent process for getting information into the communities.
13. Lack of an accredited Nuu-chah-nulth language program.
14. Lack of methods to address the needs of all learners systemic issues.
15. Lack of appropriate education and career planning services for students.
16. Lack of program that provides training support for students not interested in going to University.
17. Lack of services for youth, relating to issues that affect them (drugs, alcohol, suicide prevention, parent / teen issues, peer issues)
18. Lack of services for families to address the areas that need attention in order for them to keep their children out of care and to guide them to a healthier lifestyle so their children can be returned.
19. Lack of dental and doctor availability in PA and outlying isolated areas impact negatively on service delivery.