**Please complete the following application form and submit to** **bcnedi@uwo.ca** **by 12PM on January 25th 2024.** Please ensure you have read the guidelines, which provide further information on this funding call. Please email any questions to bcnedi@uwo.ca.

**APPLICATION FORM FOR STREAM 1 – EDI TRAINING**

This application form is for funding to attend EDI training, conferences and events or to host an external trainer/knowledge holder at Western. Events and training must be exclusively EDI focused and must offer knowledge and expertise over and above what is offered under Western’s EDI training programs. This funding is available for graduate students, researchers and staff working in the field of cognitive neuroscience research. Maximum request is **$3,000** per application.

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| **BrainsCAN Mandate**  |
| BrainsCAN is Western University’s CFREF funded initiative to increase our understanding of higher brain functions in health and disease. BrainsCAN endeavors to:* radically transform our understanding of the brain;
* significantly reduce the impact of cognitive disorders;
* lead public policy and medicolegal ethics debates from a position of knowledge; and
* increase Western University’s global reputation as the premiere institute for cognitive neuroscience research

EDI is a top priority for BrainsCAN and through its [EDI Action plan](https://brainscan.uwo.ca/about/equity_diversity_inclusion/EDIActionPlan.pdf), BrainsCAN is committed to meaningful and action-driven considerations of EDI embedded within its research practices and culture. In this way, BrainsCAN seeks to foster a diverse membership that reflects Canadian society and the global environment it serves through research impact. BrainsCAN aims to give all researchers, students and staff the opportunity to reach their maximum potential in an accountable space where they feel they belong. |

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| Lead Applicant details |
| Name |  |
| Email address |  |
| Role |  |
| Affiliation |  |
| If this is an application to bring an external trainer/knowledge holder to Western to deliver EDI training and there is more than one person involved in the application, please list other applicants’ names, roles, affiliations and email addresses here. |
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| 1. Please describe the training, event or conference you wish to attend or the training you wish to host at Western, including approximate dates for the activity and a link to relevant websites (for the event, training or trainer). All conferences/events/training need to take place within 12 months of award (300 words max.).
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| 1. Explain how the activity will benefit you and the wider cognitive neuroscience research community and how this cannot be achieved using the free [training](https://www.edi.uwo.ca/trainings-and-certificates/)/resources already available at Western University (300 words max.).
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| 1. Describe your plan for dissemination. This must be to the cognitive neuroscience research community or wider (300 words max.).
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| 1. Please list the costs for this activity including taxes if applicable. Include details of any funding you are receiving from other sources. Eligible costs are training/conference fees, travel and accommodation. The maximum request is $3,000.
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| --- | --- | --- |
| **Expenditure item** | **Cost inc. tax** | **Justification** |
| x |  |  |
| x |  |  |
| x |  |  |
| x |  |  |
|  | **Total $** |  |

Please provide here any information on funding you are receiving from other sources: |
| Lead applicant signature: |  | Date of signature: |  |
| If you are awarded funding, this will be placed into a research account. Individuals are deemed eligible to hold a research account based on their job requirements. Those with responsibility to conduct independent research are deemed eligible. Please view the full eligibility criteria here. If you do not have an eligible member named on your application, please nominate someone who is willing to hold these funds on your behalf. For graduate students or postdoctoral researchers, this could be your supervisor. For staff members, this could be your department chair. Please provide the name of the person who can hold the funds below. If you are unable to identify someone, please leave this section blank and if your application is successful, BrainsCAN will identify an account holder for you. Leaving this section blank will not affect your application. |
| Name, position, affiliation, email address and signature of person who can hold funds |
|  |
| Signature(can be typed) |  | Date |  |

**Email this form to** **bcnedi@uwo.ca** **by 12PM on January 25th, 2024.**