



APPLICATION FORM
CFWH General Research Grant
CFWH Awards, Fellowships and Grants

Please return the completed form, along with required documents, to the CFWH National Office no later than **December 15, 2023**.

Electronically Email: research@sogc.com

Section A

SOGC member ID number (required): _____

Family Name: _____ Given Name: _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Home Telephone: _____ Work Telephone: _____

Fax: _____ Email address: _____

Profession: _____

Healthcare Organization: _____

Proposal Title: _____

Section B

Names of additional investigators:

Name _____ Institution: _____

Name _____ Institution: _____

Name _____ Institution: _____

Please refer to the grant guidelines for complete application details. The following is a checklist to ensure you do not omit any important documents when you submit your application.

Documents required (not blinded):

- A cover letter to the CFWH
- A curriculum vitae for the principal investigator
- An itemized budget including the amount being requested for the project, on a separate page
- A letter of support from the institution

Documents required (blinded):

- On a separate page provide a 250-word description of the proposed research project including your project title.
- A Research Proposal of no more than 4 pages (excluding abstract and references) that includes:
 - Background
 - Objective
 - Rationale/Need
 - Methods
 - Analysis plan
 - Implications/Impact of results
 - Dissemination plan
 - Timeline

Section C

Please read the following statements and sign below.

I understand and confirm that:

- The timeline for the project is under 2 years
- If my project runs over a 2-year timeline, I must apply again the following year if I require funding for the second year
- My project is directly related to the area of Obstetrics and Gynaecology
- My project is affiliated with a Canadian healthcare institution or organization
- I have indicated whether my project is receiving funding from additional sources
- Following the completion of the project/fellowship, I agree to provide the CFWH with a detailed final report.

Signature: _____

Date: _____