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|  | **­ Investigator Application Form**  **BC Children’s Hospital Research Institute** |
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***Application Instructions:***

*Step 1: Complete this form*

*Sept 2: Sign signature page and obtain Theme Director’s support and signature*

*Step 3: Email completed application form, signature page, your CV and photo to* [*resinfo@bcchr.ca*](mailto:resinfo@bcchr.ca)

Investigators include researchers who are currently leading or co-leading a research program that benefits child health and serves the population of children and youth at BC Children's Hospital and in the community across BC and the Yukon.   
  
A research program is defined as a collection of research projects and activities that investigate a research question. This can include projects across a spectrum of research that ranges from pre-clinical lab-based work, to clinical trials and quality improvement projects. A lead or co-lead is someone who would be identified as the Principal Investigator or Co-Principal Investigator on the grant application, and is the central decision maker on that project.

***Eligibility Criteria:***

* **Leads** **or** **co-leads a** **research program** at BC Children’s & Women’s Health Centre or Sunny Hill on the Oak Street Campus.
* **Holds a university faculty appointment** (grant-/partner-/tenure-track/or tenured) OR **holds both a BC Children’s   
   Hospital clinical and university faculty appointment**.
* **Has an** [**ORCID iD**](https://orcid.org/register).
* **Theme alignment** with a[BCCHR Research Theme](https://bcchr.ca/research/research-themes).
* **Scholarly output** of at least one academic publication in the last three years (or adjusted for periods of leave).
* **Support from Theme Director & Senior Executive Director, Research, BC Children’s Hospital** for membership application.

***Main Responsibilities of Investigator:***

* Directs or develops a productive and independent research program.
* Fiscally responsible for the support of their academic activities including procurement of salary/stipend for technical and academic member(s) of their team.
* Participates in chosen Theme’s activities (strategic planning meetings/retreats, faculty and trainee seminars, etc.).
* Actively participates in BCCHR’s collective activities (ie. committees, mentoring groups, seminars, and trainee programs).
* Acknowledges/identifies BC Children’s Hospital affiliation in grants, publications, presentations, media, etc.

*Please refer to the “*[*BCCHR Membership General Guidelines*](https://bcchr.ca/sites/default/files/Membership/bcchr-membership-general-guidelines-feb-2024.pdf)*” for more details.*

Please be advised that the information you provide here will appear on the [www.bcchr.ca](http://www.bcchr.ca) website for public viewing, as well as in the BC Children’s Hospital [Research Community Member (RCM) Directory](https://directory.bcchr.ca/ords/f?p=DIRECTORY:HOME:::NO:1::). By submitting this form, you are consenting to the publication of this information and registration with Research Services. If you have concerns about this, please contact [resinfo@bcchr.ca](mailto:resinfo@bcchr.ca). **Investigators are expected to verify and update their information in the RCM directory annually.**

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| **Applicant Information:** | | | | | | | | |
| Title: | Legal Last Name: | | | Legal First Name: | | | | Initial: |
| Indicate how you would like your name publicly listed on our website & Research Community Member Directory *(if different from above):*  Last Name:       First Name: | | | | | | | | |
| Degrees: | | | | Academic Rank and Appointment Type *(ie. Assistant Professor, Clinical Assistant Professor, etc.)*: | | | | |
| University/Academic Institution: | | Faculty: | | Academic Department: | | | Academic Division *(if applicable)*: | |
| Please indicate if you are a Healthcare Professional  *(if applicable)*:  Clinician  Other (*please specify*) | | | | Health Authority *(if applicable)*: | | | | |
| Clinical Position/Title *(if applicable)*: | | | | Clinical Department and Division *(if applicable)*: | | | | |
| Hospital Site: | | | | Please indicate if you are also affiliated with other Research Institutes or organizations *(ie. WHRI, CMMT, etc.)*:  If yes, please specify:  No | | | | |
| Other Title(s) *(ie. administrative titles)*: | | | | ORCID iD Number *(required)*: | | | | |
| **Primary Address and Contact Information:** this will be included in your directory and external web profile | | | | | | | | |
| Name of Organization: | | | Room Number & Name of Building: | | Street Address: | | | |
| City: | | | Province: | | | Postal Code: | | |
| Work Phone Number *(required)*: | | | Institutional Email *(required)*: | | | | | |
| Secondary Email: | | | Affiliated Websites: | | | Lab Phone: | | |
| Assistant/Administrator Name  *(if applicable)*: | | | Assistant/Administrator Phone  *(if applicable)*: | | | Assistant/Administrator Email  *(if applicable)*: | | |

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| **Theme Alignment:** | | | |
| BCCHR has 4 Research Themes. Within each Theme there are 4 Research Groups that focus on specific research interests and/or expertise.  **You** **can only align with one Theme**. However, an Investigator can participate in **multiple Research Groups within and across different Themes**. Please select the Research Group(s) you would like to participate in, with the understanding that you are expected to meaningfully participate in all of the Research Group(s) chosen. *See more information on Themes and Research Groups at:*[*https://bcchr.ca/research/research-themes*](https://bcchr.ca/research/research-themes) | | | |
| **Check one (1) Theme:** | | | |
| **Brain, Behaviour & Development** | **Childhood Diseases** | **Evidence to Innovation** | **Healthy Starts** |
| **Select your Research Groups(s):** | | | |
| Mental Health & Behaviour | Childhood Cancer &  Blood Research | Implementing   Knowledge for Equity   and System Change | Global Health and Innovations |
| Neurodevelopmental  Disorders | Diabetes | Clinical & Community  Data, Analytics &  Informatics | Origins of Child Health and Disease |
| Pain and Stress in Child Health | Immunity in Health &  Disease | Clinical Pharmacology | Pathways to  Healthy Birth |
| Visualizing the Brain | Rare Diseases | Clinical Practice,  Outcomes & Innovation | Vaccines, Infections and Host Defenses |
| **Research on the Oak Street Campus:** | | | |
| Are you currently leading or co-leading a research program based on the Oak Street Campus?  Yes  No | | | |
| **If yes**, please describe your role in your research program *(2-4 sentences)*: | | | |
| **If no**, please describe your current role in research on the Oak Street Campus, and the role you are interested in taking as it pertains to research on this campus*.* Please also indicate whether you plan to lead or co-lead a research program in the future, and how a BCCHR Investigator membership would help you build this program *(2-4 sentences)*: | | | |
| What types of BCCHR Investigator resources are you primarily planning to use? *Please refer to the “*[*BCCHR Services Document*](https://bcchr.ca/sites/default/files/Membership/bcchr-services-document.pdf)*”  for details*: | | | |
| Percent of dedicated/protected research time (*self-reported*):  0% - 15%  16% - 29%  30% - 69%  70% - 100% | | | |

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| **Research Information:** the information below will be included in your external web profile on [www.bcchr.ca](http://www.bcchr.ca) | | |
| **Research Area:** (Please include MEDLINE terms/keywords [<https://medlineplus.gov/healthtopics.html>] that could be used for identifying future funding and collaborative opportunities; this information will appear on your external web profile) | | |
| **Lay Summary:** (As this summary is intended for the general public, please describe your research in lay language. This will be displayed as plain text [no scientific characters] on your external web profile) | | |
| **Current Research Projects:** (Please include the titles and descriptions of your top 2-3 projects – maximum 500 words, 2-4 paragraphs each; this information will appear on your external web profile) | | |
| **Grants:** (List major grants from the past 5 years; this information will appear on your external web profile) | | |
| **Honours/Awards:** (This information will appear on your external web profile) | | |
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| **Research Team Information:** | | |
| Please list below all Research Staff and Trainees engaged in research who are reporting to you.  **Research Staff** include: Lab Managers, Technicians, Research Assistants, etc.  **Trainees include:** Masters and Doctoral Students, Postdoctoral Fellows, Clinical Residents and Fellows, etc. | | |
| **Last Name, First Name** | **Position Title** | **Are they a BCCHR Trainee or Research Community Member in the** [**directory**](https://directory.bcchr.ca/ords/f?p=DIRECTORY:HOME:::NO:1::)**?** |
|  |  | Yes  No |
|  |  | Yes  No |
|  |  | Yes  No |
|  |  | Yes  No |
|  |  | Yes  No |
|  |  | Yes  No |

*If scanning, print, sign and scan* ***only*** *this page:*

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| **Signatures:** | | |
| *By signing below, I certify that the information provided on this application form is accurate to the best of my knowledge:* | | |
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| Applicant (Print Name) | Signature | Date |
|  |  |  |
| Theme Director (Print Name)[[1]](#footnote-1) | Signature | Date |

1. BC Children’s Hospital Research Theme Directors are as follows:

   (if there are Theme Co-Directors, you require only one Theme Director signature)

   * **Director, Brain, Behaviour & Development Theme: Dr. Evelyn Stewart**

   (contact Theme Research Manager, Marissa Gibbard at [mgibbard@bcchr.ca](mailto:mgibbard@bcchr.ca))

   * **Director, Childhood Diseases Theme: Dr. Megan Levings**

   (contact Theme Research Manager, Jeffrey Helm at [jhelm@mail.ubc.ca](mailto:jhelm@mail.ubc.ca))

   * **Co-Directors, Evidence to Innovation Theme: Dr. Ian Pike & Dr. Rod Rassekh**

   (contact Theme Research Manager, Claire Humphreys at [chumphreys@bcchr.ca](mailto:chumphreys@bcchr.ca))

   * **Director, Healthy Starts Theme: Dr. Julie Bettinger**

   (contact Theme Research Manager, Dr. Becci Venema at [becci.venema@bcchr.ca](mailto:becci.venema@bcchr.ca)) [↑](#footnote-ref-1)