

**CAOT-BC Research and Education Grant Program-Application Form**  
***Applications accepted between February 15 to May 31, 2018***

***\*A letter of intent must be submitted with this application***

<b>CAOT-BC Member Name (Last, First)</b>	
<b>CAOT-BC Number</b>	
<b>Email Address</b>	
<b>Phone Number</b>	
<b>Address (#, street, city, postal code)</b>	
<b>Social Insurance Number (required to receive award)</b>	
<b>Conference Name</b>	
<b>Conference Date</b>	
<b>Conference Location</b>	
<b>Name of Paper/Poster/Workshop</b>	
<b>Do you have any other sources of funding that may cover some costs of expenses for this conference? (e.g. employer, union, scholarship)</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>I confirm that I am the presenting author on the paper/poster/workshop named above</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Has this paper/poster/workshop been presented at other conference(s)?</b>	Yes <input type="checkbox"/> Please name conference(s): _____ No <input type="checkbox"/> _____
<b>I confirm that the conference theme is relevant to the field of occupational therapy and/or occupational science</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>I confirm that my poster/paper/workshop will add to the evidence base of occupational therapy and/or occupational science</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Budget- Cost of conference registration</b>	\$ _____
<b>Cost of accommodation (actual or anticipated)</b>	\$ _____
<b>Cost of travel (actual or anticipated)</b>	\$ _____
<b>I have enclosed: (please check)</b>	Abstract of paper: <input type="checkbox"/> Outline of poster: <input type="checkbox"/> Outline of Workshop: <input type="checkbox"/>

	Email/letter confirming invitation of presentation: <input type="checkbox"/>	
	Letter of intent (300 word maximum): <input type="checkbox"/>	
<b>I confirm that I will allow my name, email contact and paper/workshop/poster information to be published by CAOT-BC</b>	Yes <input type="checkbox"/>	
	No <input type="checkbox"/>	
<b>Name (PRINT)</b>	<b>Signature</b>	<b>Date</b>

Send application along with 300 word letter of intent to CAOT-BC *by email only*:

***scharles@caot.ca***

<b>FOR INTERNAL USE ONLY</b>		
Application approved	Date	Initials
Receipts received	Date	Initials
Letter for grant approval sent to COTF	Date	Initials