

ARiEAL Research Supplement Fund for Trainees – Procedures

The goal of the ARiEAL Research Supplement Fund for Trainees is to provide supplementary and/or bridging financial support to our postgraduate and undergraduate trainees for the “participant honourarium” component in their **unfunded** research projects or funded projects that encounter unexpected interruptions in funding.

1. This is open to all ARiEAL postgraduate and undergraduate trainees (i.e., postdoctoral fellows, graduate and undergraduate students supervised by an **active** ARiEAL full/associate member) who are conducting an unfunded research project towards their thesis or dissertation (e.g., projects not covered by their supervisor’s funded grants). All studies need to be approved by Research Ethics Board (REB) at their respective institution(s).
2. The supplement will be granted based on the availability of fund allocation, and not by merit. It is our belief that the applicant’s work has already been evaluated by their supervisor(s) for its quality. The annual allocation will be reviewed each fiscal year.
3. We will accept applications on a rolling basis throughout the McMaster fiscal year (May 1 to April 30) until the annual allocation is depleted. The maximum supplement amount is \$500 Cdn per trainee per year. If higher amount is requested, it will be evaluated on a case-by-case basis.
4. This supplement fund can **ONLY** be used towards the “Participant Honourarium” component, and signed receipts from the participants are required for the fund to be released. Applicants are required to use SONA credits or other means as participant honourarium first.
5. While not required, ARiEAL trainees are strongly encouraged to include ARiEAL Research Centre as one of their affiliations on their REB application and recruitment materials. A copy of the ARiEAL logo could be requested from ariealrc@mcmaster.ca.
6. If any fraudulent actions are identified, the trainees will no longer be eligible to apply for any future funding from ARiEAL Research Supplement Fund.
7. A complete application package includes:
 - a. application form (see next pages),
 - b. consent to allow ARiEAL to make public announcement, and
 - c. **original** signed receipts from the study participants who received the honourarium (which are only required at the time of the fund release)

**Sample Participant Honourarium Receipt Form can be found at the end of this document. If you require the form in MS Word format, please send your request to ariealrc@mcmaster.ca.*

ARiEAL Research Supplement Fund for Trainees – Application

Please ensure that the information entered is accurate, and all of the supplementary documents are enclosed.

1. APPLICANT INFORMATION

First Name	Middle Name (optional)	Last Name
Program	Student Number	Level of Study
Institution		
Email Address		Phone Number
Name of Supervisor		Supervisor's Affiliation with ARiEAL
Have you received any ARiEAL Research Supplement in the past?	If yes, when?	If yes, amount?

2. STUDY INFORMATION

Title of Study:	
Sponsor (if applicable):	
Participants (e.g., 20 undergrad students with previous history of concussion):	
Amount requested and justification (e.g., 10 participants at \$15 each for a one-hour testing session):	
REB approval number (including the name of the REB):	
Study duration (including start date and anticipated end date):	
Additional information:	

3. In 100 words or less, please provide a description of how this Research Supplement Fund would support your research. Please note this information may be used by ARiEAL to make public announcement. Submission of this application constitutes consent of such usage.

4. Please ensure the completeness of this application package:

Part 1

ONE PDF file to aridealrc@mcmaster.ca with "ARiEAL Research Supplement Application – [FIRST NAME LAST NAME]" as the Subject Heading

- Completed and signed application form, and
- REB Approval Letter

Part 2 (this is only required for the release of the funds)

Physical Copy to ARiEAL Research Centre, LRW 4020, McMaster University, 1280 Main St. W., Hamilton, ON, L8S 4K1

- ORIGINAL** receipts signed by study participants who received the honourarium

By signing this application, I certify that all information given in this application is complete and accurate. I also acknowledge my signature certifies my consent for ARiEAL Research Centre to use the information for public announcement regarding the outcome of the research enabled by this Research Supplement Fund.

Signature of Supervisor

Date

Signature of Applicant

Date of Submission

Research Participant Honorarium Receipt Form

Research Study Title: _____

REB Number: _____

Date of Study Participation: _____

Participant Name: _____

Amount Received: _____

Research Personnel (print & sign) _____

Participant Signature: _____

_____ Date: _____

I certify to the following:

- The information above is accurate
- I have participated in the above study

(office uses only)

Fund # (2)	Account # (6)	Department # (5)	Program # (5)	PC Bus.Unit	Project # (10)
	750070				

PI: _____

Signature: _____ **Date:** _____

Petty Cash Imprest Holder