



Heart and Stroke Foundation of Canada
Canadian Stroke Network
CIHR Institute of Aging
CIHR Institute of Circulatory and Respiratory Health

"Focus on Stroke 7" Applicant Consent Form

IMPORTANT NOTE: Applicants who wish to be considered for the Focus on Stroke 7 initiative must complete and sign this informed consent form and attach it to their application.

Name (print): _____

Institution: _____

Type of Award requested:

Doctoral Research Award

Postdoctoral Fellowship (MD & PhD)

I give permission to the Heart and Stroke Foundation of Canada to forward a copy of my complete application to the Canadian Institutes of Health Research and the Canadian Stroke Network to be used for record-keeping and statistical purposes only.

I give permission to allow administrative staff from the Canadian Institutes of Health Research and the Canadian Stroke Network to observe the peer review process undertaken by the Heart and Stroke Foundation of Canada.

Please note: the Heart and Stroke Foundation of Canada, Canadian Stroke Network, and the Canadian Institutes of Health Research will not retain or claim any ownership of intellectual property developed under this funding initiative.

Applicant
Signature: _____

Supervisor's Name
(please print): _____

Date: _____

Supervisor Signature: _____

Date: _____

If you have any questions please contact:
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