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**Cochrane Canada Symposium Stipend Application Form**

**Contact details**

First name:

Last name:

Mailing address:

City:

Province/State:

Postal code/Zip code:

Country:

Daytime phone number:

**Involvement with Cochrane and the Cochrane Consumer Network**

Cochrane affiliation:

**Example:** Cochrane Review Group, Cochrane Centre, Cochrane Consumer Network, etc. Please list all that apply

**Describe your level of involvement and roles with Cochrane**

**Example:** Do you act as a consumer peer reviewer for a group? Are you an author? Do you present to groups or organizations? Have you attended Cochrane training workshops?

**Involvement outside Cochrane**

Are you involved in another consumer/patient/voluntary organization? If yes, please provide the name of the organization and describe your involvement.

**Letter of recommendation**

Do you have, or will you be providing, a letter of recommendation from a Cochrane group/entity?

Do you have a letter of recommendation from another consumer/patient organization that you are involved with?

Letters can be emailed separately prior to the application deadline. Please email your letter to [canada@cochrane.org](mailto:canada@cochrane.org).

**Previous Symposium attendance**

If you have attended a Cochrane Canada Symposium before, please describe how you shared your experience with other consumers/patients

**Previous stipends**

Have you ever received a consumer stipend from Cochrane Canada to attend a Cochrane Canada Symposium?

If you have been funded more than once, please provide us with a list.

**Benefits of attending a symposium**

Please explain why you would like to attend the Cochrane Canada Symposium 2017.

**Funding request**

Estimated costs for attending the symposium:

|  |  |  |
| --- | --- | --- |
|  | **Full Cost** | **Your Request** |
| **Flight** (If applicable, economy airfare, including cancellation insurance will be arranged for you. Please include your best estimate here).  Also, fill out **Departure city** below. |  |  |
| **Other travel costs** (Taxi to/from airport and hotel. If local to Hamilton, add bus, taxi or parking costs here).  Also, fill out **Transport mode** below. |  |  |
| **Hotel** (The special conference rate is $129.00/per night + tax).  Also, fill out **check-in and check-out dates** below. |  |  |
| **Meal Allowance** (Lunch is provided 11-12 May). |  |  |
| **Registration fee** (Early registration is $525.00 and ends **24 April 2017 @ 23:59 EST**). |  |  |
| **Total support requested** (Tally your full estimated costs and your request total here). |  |  |

**Departure city:**

**Other travel costs, transport mode:**

This can include taxi, car/parking, bus, etc.

**Hotel Check-in and check-out dates:**

In most cases, if hotel is needed, the dates will be: Check-in 11 May and check-out 12 May. If hotel is not required, please write ‘Not applicable’.

**Does any item included on your request require special explanation? If yes, please explain**

**Other funding**

Please indicate other funding sources you may be receiving to help cover your costs to attend the Symposium.