

Graduate and Post Graduate level students/trainees are eligible to apply for the open travel bursary. This award will go towards the cost of travel, accommodation and/or registration fees for an upcoming conference the applicant has been accepted to present.

Students and their supervisor must both be CAIRE members with current membership fees paid at the time of the application. Please see [full eligibility for funding](#).

Applicant Name:		
Institution/University name and city:		
Applicant's E-mail:		
Applicant currently enrolled in (check most appropriate): Note: applications must be enrolled in Masters or higher level program Graduate level: <input type="checkbox"/> Masters <input type="checkbox"/> PhD <input type="checkbox"/> Medical Student Post Graduate Level: <input type="checkbox"/> Medical Residency <input type="checkbox"/> Fellowship <input type="checkbox"/> Post-Doctoral <input type="checkbox"/> Other (specify):		
Stage of Research Education Program (e.g. 2nd year of PhD program):		
Applicant has previously received a CAIRE travel bursary: <input type="checkbox"/> Vaccinology Student Research Program Travel Bursary. Please specify the year: _____ <input type="checkbox"/> Open Travel Bursary. Please specify the year: _____ <input type="checkbox"/> No.		
Conference title:	Conference date:	Conference location:
Format applicant has been accepted to present: <input type="checkbox"/> Oral presentation <input type="checkbox"/> Poster presentation		
Project Title:		
Project abstract: <i>including an introduction/rationale, methods, results and conclusion.</i> (maximum 350 words)		

Describe how your project is important to immunization in Canada and/or globally: (maximum 200 words)	
Describe your role in the project: <i>including your role in the protocol development, funding, ethics, participant recruitment, and follow-up, data analysis, sample testing, report writing, and if applicable, manuscript.</i> (maximum 150 words)	
Describe how conference participation will contribute to career progression and goals: (maximum 150 words)	
Academic Advisor's Name:	Academic Advisor's Signature:
Academic Advisor's email:	
Applicant's signature: <i>By signing, you acknowledge that trainees/students receiving the travel bursary must participate in the full conference.</i>	

PLEASE EMAIL COMPLETED APPLICATIONS TO CAIRE@BCCHR.CA.