



## Team Formation Support Program **APPLICATION FORM**

Please save this application and submit it, and any attachments, in a single PDF file to [albertaneuro@ucalgary.ca](mailto:albertaneuro@ucalgary.ca).

### 1. Collaborative Opportunity Title

### 2. Applicant Contact Information

NAME

POSITION

PHONE

DEPT/FACULTY

EMAIL

INSTITUTION

MAILING ADDRESS

### 3. Description of Collaborative Opportunity

## 4. Participants

### PARTICIPANT 1

NAME  EMAIL

POSITION  DEPARTMENT/FACULTY

INSTITUTION

PROPOSED ROLE

BIOSKETCH ATTACHED, INCLUDING RELEVANT PUBLICATIONS AND CURRENT FUNDING

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### PARTICIPANT 2

NAME  EMAIL

POSITION  DEPARTMENT/FACULTY

INSTITUTION

PROPOSED ROLE

BIOSKETCH ATTACHED, INCLUDING RELEVANT PUBLICATIONS AND CURRENT FUNDING

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### PARTICIPANT 3

NAME  EMAIL

POSITION  DEPARTMENT/FACULTY

INSTITUTION

PROPOSED ROLE

BIOSKETCH ATTACHED, INCLUDING RELEVANT PUBLICATIONS AND CURRENT FUNDING

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### PARTICIPANT 4

NAME  EMAIL

POSITION  DEPARTMENT/FACULTY

INSTITUTION

PROPOSED ROLE

BIOSKETCH ATTACHED, INCLUDING RELEVANT PUBLICATIONS AND CURRENT FUNDING

## 4. Participants

### PARTICIPANT 5

NAME  EMAIL

POSITION  DEPARTMENT/FACULTY

INSTITUTION

PROPOSED ROLE

BIOSKETCH ATTACHED, INCLUDING RELEVANT PUBLICATIONS AND CURRENT FUNDING

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### PARTICIPANT 6

NAME  EMAIL

POSITION  DEPARTMENT/FACULTY

INSTITUTION

PROPOSED ROLE

BIOSKETCH ATTACHED, INCLUDING RELEVANT PUBLICATIONS AND CURRENT FUNDING

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### PARTICIPANT 7

NAME  EMAIL

POSITION  DEPARTMENT/FACULTY

INSTITUTION

PROPOSED ROLE

BIOSKETCH ATTACHED, INCLUDING RELEVANT PUBLICATIONS AND CURRENT FUNDING

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### PARTICIPANT 8

NAME  EMAIL

POSITION  DEPARTMENT/FACULTY

INSTITUTION

PROPOSED ROLE

BIOSKETCH ATTACHED, INCLUDING RELEVANT PUBLICATIONS AND CURRENT FUNDING

## 5. Collaborative Research and/or Translation Plan/Proposal

Please include a brief description of the collaborative meeting plan, including how this plan will contribute to neuroscience or mental health research and/or translation in Alberta.

## 6. Collaboration Budget

(Detail all estimated costs for your collaborative meeting, showing other sources of funding)

ITEM DESCRIPTION	COST	FUNDING SOURCE
		Campus Alberta Neuroscience
TOTAL COSTS:		



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403-220-2422 | [albertaneuro.ca](http://albertaneuro.ca) | [abneuro@ucalgary.ca](mailto:abneuro@ucalgary.ca)

