



**FORM 103CV
COLLEGE AND COMMUNITY INNOVATION PROGRAM
PERSONAL DATA FORM
PART 1**

Date (yyyy/mm/dd)

Family name	Given name	Initial(s) of all given names	Personal identification no. (PIN)
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CURRENT APPOINTMENT

<p>I hold a faculty position at an eligible Canadian college (see below).</p> <p>I do not hold a faculty position at an eligible Canadian college. Indicate below your place of employment other than a Canadian college.</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div>	<p>I hold a full-time position.</p> <p>I hold a part-time position.</p>
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APPOINTMENT AT A CANADIAN COLLEGE

Title of the position
Department
Campus
Institution

ACADEMIC BACKGROUND

Degree / Diploma	Name of discipline	Institution	Country	Date (yyyy/mm)

AREA(S) OF EXPERTISE	NSERC Research Subject Code(s)
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Provide a maximum of 10 key words that describe your area(s) of expertise. Use commas to separate them.	Primary Code
	Secondary Code



Use one additional page if necessary.	Personal identification no. (PIN)	Family name
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ACADEMIC, RESEARCH AND INDUSTRIAL EXPERIENCE			
Position held (begin with current)	Organization	Department	Period (yyyy/mm to yyyy/mm)



Terms and Conditions of Applying Form

**Not used in
the
adjudication
process**

Type of Award Applied for:

Title of Proposal:



Family Name:

Given Name:

Personal Identification Number (PIN):


Before you, as an applicant or participant, submit your application to NSERC or link your Personal Data Form to an application, you must read and agree to the following terms and conditions. It is your responsibility to retain a copy of the agreed terms and conditions for your records.

You are certifying that:

- You have provided true, complete, accurate information in your funding application and related documents, and you have represented yourself, your research and your accomplishments in a manner consistent with the norms of the relevant field.
- If you are the applicant, you have ensured that others listed on the application have agreed to be included in the application.
- If you are a participant, you agree that the applicant will administer the grant/award on behalf of the group/team.
- You are not currently ineligible to apply for and/or hold funds from NSERC, the Social Sciences and Humanities Research Council (SSHRC), or the Canadian Institutes of Health Research (CIHR), or any other research or research funding organization worldwide for reasons of breach of policies on responsible conduct of research, such as ethics, integrity or financial management policies. If at any time you become ineligible for any of these reasons, you will advise your institutional officials and NSERC immediately, in writing.
- You have read, understood and agree to comply with the  [Tri-Agency Framework: Responsible Conduct of Research](#) both in the submission of your application and in carrying out the research and related activities funded by NSERC.
- If you are or have been (at any time during the past 12 months) a federal public servant, you have complied with, and will continue to respect, the  [Values and Ethics Code for the Public Sector](#).
- Consent has been obtained from trainees to include limited personal information about them in the application.
- You understand the [Access to Information Act and the Privacy Act](#) and the [Use and Disclosure of Personal Information Provided to NSERC](#) as they pertain to your information.
- You consent to the sharing among the three federal granting agencies (NSERC, SSHRC and CIHR) and with any academic institution to which you are, or may become, affiliated, of any and all information, including personal information, in any way related to the application and to the grant/award.
- In the event of any change in your eligibility status, you will inform NSERC and your institutional officials immediately, in writing.



By submitting your application or linking your Personal Data Form, you are also confirming that, during tenure of the grant/award, you will comply with the terms and conditions of the grant/award.

Consent to Disclosure of Personal Information: You understand that maintaining public trust in the integrity of researchers is fundamental to building a knowledge-based society. By submitting any application, by linking your Personal Data Form (Form 100 or 103CV) as a participant to an application, or by accepting funding from CIHR, NSERC and/or SSHRC, you affirm that you have read and you agree to respect all the policies of these agencies that are relevant to your research, including the  [Tri-Agency Framework: Responsible Conduct of Research](#). In cases of a serious breach of agency policy, the agency may publicly disclose any information relevant to the breach that is in the public interest, including your name, the nature of the breach, the institution where you were employed at the time of the breach, the institution where you are currently employed, and the recourse imposed against you. You accept this as a condition of applying for, or receiving, agency funding, and you consent to such disclosure. If you do not agree to the disclosure of your personal information, you cannot participate in this application. For further information, see the [Consent to Disclosure of Personal Information - Frequently Asked Questions](#).

CONFIRMATION OF ACCEPTANCE

If you have any concerns about your ability to comply with the terms and conditions listed above, contact your institutional official or NSERC staff responsible for the program immediately. Do not agree to the terms and conditions and do not submit your application or Personal Data Form until you are certain that you can and will comply with all of the requirements.

I confirm the truth of all statements made by me in this application, and agree to all of the terms, conditions, responsibilities and obligations as set out above.

I AGREE

I DISAGREE

Signature

Date



**College and Community Innovation Program
Personal Data Form - Appendix A
Additional Information as a Reviewer**

**NOT PROVIDED
TO
PEER REVIEWERS**

Complete this appendix if you would like to assist NSERC in the peer review of funding proposals. It may be used by NSERC to identify prospective reviewers and committee members, and to generate statistics. It will not be seen or used in the grant adjudication process.

This page is optional.		Date (yyyy/mm/dd):	
Family name	Given name	Initial(s) of all given names	Personal identification no. (PIN)
E-Mail address		Telephone number	Alternate telephone number (during business hours)
REVIEW LANGUAGE CAPABILITIES			
English	Read <input type="checkbox"/>	Write <input type="checkbox"/>	Speak <input type="checkbox"/>
French	Read <input type="checkbox"/>	Write <input type="checkbox"/>	Speak <input type="checkbox"/>
I wish to receive my correspondence:		In English	In French
EXPERTISE			
Provide any other information relevant to your potential role as a reviewer (other expertise, or willingness to participate in evaluation committees).			