**CIHR Institute of Cancer Research Early Career Researcher** **Workshop 2025 Application Form**

This application contains several demographic questions (e.g., applicant information, academic affiliation, demographics). There are also three short writing prompts, each with a maximum response length of about 400 words. You may wish to think about and write these in advance and then copy and paste your response into the application form when you are ready. These prompts are:

* What would you like to learn or discuss at the CIHR-ICR Early Career Researcher Workshop?
* Please provide information on your area of research.
* Provide a brief description of your anticipated outcomes from participating in the CIHR-ICR ECR Workshop. Describe how it will benefit your research and career development.

You will also need to upload a PDF of your [BioSketch Common CV](https://cihr-irsc.gc.ca/e/45641.html) or [Tri-Agency CV](https://cihr-irsc.gc.ca/e/53574.html).

All fields must be completed. Any missing information will result in your application being withdrawn. Please note you will not receive a confirmation e-mail that your application has been submitted. The application deadline is **June 23, 2025 at 11:59 PM EDT**.

1. **APPLICANT INFORMATION**
* **First Name:**
* **Last Name:**
* **Email Address:**
* **Job Title:**
* **Department:**
* **Company / Institution:**
* **City:**
* **Province/Territory:**
* Alberta
* British Columbia
* Manitoba
* New Brunswick
* Newfoundland and Labrador
* Northwest Territories
* Nova Scotia
* Nunavut
* Ontario
* Prince Edward Island
* Quebec
* Saskatchewan
* Yukon

**Please indicate the year of your first faculty appointment in Canada**.

* 2025
* 2024
* 2023
* 2022
* 2021
* 2020
* 2019
* 2018
* Other: \_\_\_\_ (textbox)

**Have you attended any previous CIHR-ICR Early Career Researcher/New Principal Investigator events before?**

* Yes
* No

**What would you like to learn or discuss at the CIHR-ICR Early Career Researcher Workshop?**

[OPEN ANSWER]

**Which CIHR research pillar do you most identify with? (Select all that apply):**

* Pillar 1: Biomedical
* Pillar 2: Clinical
* Pillar 3: Health Services
* Pillar 4: Social, Cultural, Environmental, and Population Health
* Other, please specify: \_\_\_\_\_\_
1. **AREA OF RESEARCH**

Please provide information on your area of research. Please note the word limit is max. 400 words in English and max. 500 words in French. These guidelines follow [CIHR's recommended guidelines for French language applications](https://cihr-irsc.gc.ca/e/52563.html).

1. **ANTICIPATED OUTCOME**

Provide a brief description of your anticipated outcomes from participating in the CIHR-ICR ECR Workshop. Describe how it will benefit your research and career development. Please note the word limit is max. 400 words in English and max. 500 words in French. These guidelines follow [CIHR's recommended guidelines for French language applications](https://cihr-irsc.gc.ca/e/52563.html).

1. **Curriculum vitae & LETTER OF SUPPORT**

Please submit a PDF of your CIHR [BioSketch Common CV](https://cihr-irsc.gc.ca/e/48437.html) or [Tri-Agency CV](https://cihr-irsc.gc.ca/e/53574.html) and a **letter of support** from a representative of a [recognized academic institution](https://cihr-irsc.gc.ca/e/36374.html) confirming your status as an ECR and the date of your first faculty appointment in Canada. \**Note: When you register, it takes up to 24 business hours to process your* [*CIHR PIN*](https://cihr-irsc.gc.ca/e/38201.html)*.*

1. **Demographics**

We are collecting your personal data to manage the submission and review process. Data will be kept confidential and may only be shared in aggregate. This will be used to enhance equitable, diverse, and inclusive participation in the workshop.

**Select the option that best describes your current gender identity.**

* Man
* Woman
* Transgender female
* Transgender male
* Non-binary
* I do not identify with any option provided
	+ I identify as: \_\_\_\_\_\_ (conditional sub-question)
* Prefer not to disclose

**Which of the following pronouns do you most identify with?**

* He/him
* She/her
* They/them
* I do not identify with any option provided
	+ I identify as: \_\_\_\_\_\_ (conditional sub-question)
* Prefer not to disclose

**Which of the following racial/ethnic groups do you most identify with? (Select all that apply).**

* Indigenous
	+ Please specify: First Nations, Inuit, Métis [conditional sub-question]
* Arab
* Black
* Chinese
* Filipino
* Japanese
* Korean
* Latin American
* South Asian (e.g., East Indian, Pakistani, Sri Lankan)
* Southeast Asian (e.g., Vietnamese, Cambodian, Laotian, Thai)
* West Asian (e.g., Afghan, Iranian)
* White
* Other, please specify: \_\_\_\_\_\_\_
* Not applicable
* Prefer not to disclose

**Do you identify as a person with a disability?**

* Yes  visible
* Yes  invisible
* No
* I do not identify with any option provided
	+ I identify as: \_\_\_\_\_\_ (conditional sub-question)
* Prefer not to disclose

**How did you hear about the 2025 CIHR-ICR ECR Workshop?**

* CIHR-ICR newsletter
* CIHR-ICR website
* Colleague recommendation
* CIHR-ICR LinkedIn
* Online search
* Word of mouth
* Other, please specify: \_\_\_\_\_\_\_\_

**Do you give the CIHR-ICR permission to contact you about the ECR Workshop and/or other future ICR news and initiatives?**

* Yes
* No