



**The Garrod Association**  
*The Canadian Association of Centres for the  
Management of Hereditary Metabolic Diseases*

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## **The Garrod Association Trainee Research Award Program**

### **APPLICATION FORM**

**NAME**

**POSITION**

**DEPARTMENT**

**ADDRESS**

**PHONE #**

**EMAIL**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Supervisor Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Department  
Head/Designate

\_\_\_\_\_  
Department Head Name

\_\_\_\_\_  
Date

**The deadline for submission of the Research Award is the first Monday of April of every year, and the last Monday of October of every year. Please submit the application to the Garrod Association Office at [info@garrod.ca](mailto:info@garrod.ca).**