Canadian Institutes of Health Research	Instituts de recherche en santé du Canada
Natural Sciences and Engineering Research Council of Canada	Conseil de recherches en sciences naturelles et en génie du Canada
Social Sciences and Humanities Research Council of Canada	Conseil de recherches en sciences humaines du Canada

CONSENT TO DISCLOSURE OF PERSONAL INFORMATION

Type of Grant Applied for:

Title of Proposal:

Family Name:

Given Name:

Personal Identification No. (PIN):

I understand that maintaining public trust in the integrity of researchers is fundamental to building a knowledge-based society. By submitting any application, by linking my Personal Data Form (Form 100) as a co-applicant to an application, or by accepting funding from the Canadian Institutes of Health Research (CIHR), NSERC and/or the Social Sciences and Humanities Research Council of Canada (SSHRC), I affirm that I have read and I agree to respect all the policies of these agencies that are relevant to my research, including the Tri-Agency Framework: Responsible Conduct of Research (http://www.rcr.ethics.gc.ca/eng/policy-politique/framework-cadre/). In cases of a serious breach of agency policy, the agency may publicly disclose my name, the nature of the breach, the institution where I was employed at the time of the breach and the institution where I am currently employed. I accept this as a condition of applying for, or receiving, agency funding and I consent to such disclosure.

I agree ☐   I disagree ☐

Note that if you do not agree to the disclosure of your personal information, you cannot participate in this application.

For further information, see the Questions and Answers on the Consent to Disclosure of Personal Information on NSERC's Web site at address http://www.nserc-crsng.gc.ca/NSERC-CRSNG/governance-gouvernance/consentFAQ-consentementFAQ_eng.asp

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Signature   Date

Canada