

FACULTY OF MEDICINE

Application Form – Post Doctoral Fellow Award Program

Medical Research Development Office

Application Form

1 - General Information
Applicant Name:
Permanent Address:
E-mail Address:
Are you a Canadian Citizen/Permanent Resident?
Are you eligible to work in Canada?
Phone Number:
PhD Information
Institution/Faculty:
Field of Study:
Start date: End date:
Primary Supervisor:
Title/Position:
Institution/Faculty/Department:
Email:
Phone:
Co-Supervisor:
Title/Position:
Institution/Faculty/Department:
Email:
Phone:



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2 - Details of Application
Research Project Summary – 750 words (maximum)
• The research project summary should be written in general scientific language and describe the applicant's role on the project.
• Provide a concise research proposal, including background, specific project aims and research methodology. The summary should reflect the scientific significance of the project.



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Applicant Research Background, Training Expectations and Goals – 750 words
 Provide a summary of how the applicant's previous research experience will benefit their current/upcoming research training and contribute to the research goals of their supervisor. The applicant should also briefly describe how the training they will receive will contribute to their career goals.