**Deadline: October 1st, 2021 | Completed Applications to** **DoMResearch@nshealth.ca**

**Applicant Checklist**

Applicant: Date:

**To be provided by applicant:**

[ ]  Checklist.

[ ]  Completed electronic copy of the application form (including all attachments and appropriate signatures).

[ ]  A clear and concise description of the proposed research (maximum two pages) – see guidelines for specific content requirements.

[ ]  Transcript of applicant’s academic marks with standing.

[ ]  Applicant’s CV (Canadian Common CV preferred).

[ ]  Letter from proposed supervisor(s) (DoM member, and external supervisor if applicable) – see guidelines for specific content requirements.
Name of proposed supervisor(s):

[ ]  Supervisor(s)’s CV (Canadian Common CV preferred).

[ ]  Letter of recommendation from Program Director (for MD applicants) or previous PhD thesis supervisor (for PhD scientist applicants).
Name of PD / PhD supervisor:

[ ]  Arrange for two additional professors, supervisors or instructors under whom the applicant has taken previous training and who can specifically evaluate the applicant for the award to provide letters of recommendation directly to DoMResearch@nshealth.ca by October 1st.

[ ]  Letter from Division Head – see guidelines for specific content requirements.
Name of Division Head:

[ ]  Re-prints and pre-prints which are relevant to this proposal of the applicant’s and the supervisor(s)’s published articles within the last five years.

**In completing the application:**

## Refer to the DoM Research Fellowship Award Guidelines for additional information.

## Answers must be typewritten and submitted electronically to DoMResearch@nshealth.ca by October 1, 2021.

## Attach additional sheets where response space is limited; indicate applicant’s name on the top right-hand corner of each additional page.

**Application Form**

Applicant: Date:

[ ]  DoM Research Fellowship – Internal [ ]  DoM Research Fellowship – External

[ ]  Dalhousie Clinician Investigator Program

|  |  |  |
| --- | --- | --- |
|  | **Applicant’s current address:** |  |
| **Telephone:** |  |  | **Email:** |  |
|  |
|  | **Applicant’s current appointment** (title, department, institution, and date): |
|  |
|  |
|  | **This Fellowship is being applied for as a:** |
| [ ]  **PhD applicant** | [ ]  **MD applicant:** | **Indicate current PGY level:** |  |
| *\* In general, and pending availability of funds, the remuneration will follow the guidelines established by Dalhousie University for post-graduate PhDs and the Maritime Resident Doctors for MD trainees.* |
|  |
|  | **When will applicant be free to take this award if granted?** Please indicate the month, day, and year (do not indicate “as soon as possible”) – this date will establish the start and end dates of the funding period, as well as the due date for application for renewal, if applicable. |
|  |
|  |
|  | **Anticipated length of the Fellowship:** |
| [ ]  **1 year** | [ ]  **2 years** | [ ]  **Other:** |  |
| *\* Successful UIMRF Research Fellowships will be approved for a 1-year term, with possible renewal for a second year (extension beyond 2 years may be allowed in special circumstances with specific approval).* *This section of the application does not replace the renewal process (see Fellowship Guidelines), and is used for UIMRF budget planning only when considering applications.* |
|  |
|  | **Name any other agencies to which application for support has been or will be made:** |
|  |
|  |
|  | **Name and email address of supervisor(s), and Division/Department/Institution** at which the applicant has arranged to undergo research training. For external supervisors, also include mailing address: |
|  |
|  |
|  | **Title of proposed research project:** |
|  |
|  |
|  | **Keywords or phrases which identify your research project** (no more than five): |
|  |
|  |
|  | **Ultimate career goals:** |
|  |
|  |
|  | **Two letters of recommendation from professors, supervisors, or instructors** with whom the applicant had previous research or clinical training. Applicant to arrange for the letters to be sent by referees directly to DoMResearch@nshealth.ca |
| 1) | Name/Position Held: |  | Email Address: |
|  |  |
| 2) | Name/Position Held: | Email Address: |
|  |  |
|  |
|  | **Nature of Proposed Research:**Provide a clear and concise description of the proposed research, not to exceed two single-spaced, typewritten pages (0.5 margins, Times New Roman 12 pt font); this should be written by the applicant in consultation with the supervisor(s). The research proposal should include a clear statement of rationale, objectives, hypothesis, experimental methods, expected outcomes and relevance. Attach this summary as a separate document. Append pre-print and re-prints of applicant’s publications relevant to this research proposal. |
|  | **The applicant agrees to abide by the regulations governing this award, if granted.** |
| Date: |  |  | Signature: |  |
|  |
|  | **Signatures:**We recommend that this applicant be considered for an award to undertake research training at: |
|  |
| at the current level of stipend set by the Department, and will undertake to provide facilities for the applicant and to supervise the work, if award is granted. |
| Date: |  |  | Signature of Primary Supervisor: |  |
| Date: |  | Signature of Co-Supervisor (if applicable) |  |
| Date: |  | Signature of Division Head: |  |
| Date: |  | Signature of Department Head:(to be obtained by DoM Research Office during review process) |  |
|  |
|  | Assurance is given that any human experimentation will be acceptable to the institution on ethical grounds and that in the care of laboratory animal experimentation, the guiding principles enunciated by the Canadian Council on Animal Care will be adhered to and that the proposed research will not be undertaken until it has been accepted as meeting the requirements regarding biological and chemical hazards as outlined in the Canadian Institutes of Health Research “Guidelines for the Handling of Recombinant DNA Molecules and Animal Viruses and Cells”. |
|  |  |  |
| Signature of Applicant | Signature of Department of Medicine Supervisor |
|  |  |
| Date | Date |
|  |