



APPLICATION FOR GRADUATE STUDENTSHIP SUPPORT – DEPARTMENT OF PEDIATRICS

DEPARTMENT OF PEDIATRICS GRADUATE STUDENTSHIPS ARE COMPETITIVE INTERNAL AWARDS FOR THE PURPOSE OF PROVIDING STIPEND SUPPORT TO TRAINEES PURSUING GRADUATE (MSc/PhD) RESEARCH.

APPLICATION DEADLINE

May 15 for September start

***WHEN DEADLINES FALL ON A STATUTORY HOLIDAY OR WEEKEND, APPLICATIONS ARE DUE ON THE NEXT WORKING DAY**

APPLICATION SUBMISSION CHECKLIST

NEW APPLICANTS:

- Completed Application Form (pg. 1-6)
- 2-page version of the supervisor's CVs (must include biographical information, grant support, number of trainees supervised (undergrad, graduate, and postdoc) and a list of selected publications from the last five years.)
- Two letters of reference (Note: one letter must be written by the primary supervisor).
- One electronic copy of the applicant's academic transcript (unofficial transcripts are acceptable)

RENEWING APPLICANTS:

- Completed Application Form PLUS the pages of the Progress Report (pg. 7-8 of this form)
- 2-page version of the supervisor's CVs (must include biographical information, grant support, number of trainees supervised (undergrad, graduate, and postdoc) and a list of selected publications from the last five years.)
- One letter of reference written by the primary supervisor, describing the progress of the trainee.
- One electronic copy of the applicant's academic transcript (unofficial transcripts are acceptable).

APPLICATION SUBMISSION INSTRUCTIONS

If applying for both ACHRI and Department of Pediatrics Studentship awards, please complete the ACHRI application form, available on the ACHRI website. If applying for the Department of Pediatrics award only, please complete this form. All applications should be submitted no later than 5PM of the deadline date indicated on the ACHRI website. If possible, please submit the application and supporting documents as one single PDF file. Please submit application packages to achri.training@ucalgary.ca. Reference letters must come directly from the referees to achri.training@ucalgary.ca.

With any questions, please contact the ACHRI Research Training Platform office at achri.training@ucalgary.ca or 403.220.8158

- Both applicant and supervisor(s)** have carefully read the terms of reference for this award, and followed the instructions to complete this form. We certify that the information contained in this form is true and complete.

SUPERVISOR: PERSONAL INFORMATION Please ensure the Supervisor's 2-page CV is attached and includes information on grant support, number of trainees supervised (undergrad, graduate, and postdoc) and a list of selected publications from the last five years.

1. SUPERVISOR'S NAME:

2. DEPARTMENT:

3. INSTITUTE MEMBERSHIP Please list affiliations with CSM institutes, if applicable.

5. OFFICE ADDRESS:

4. TELEPHONE / EMAIL ADDRESS:

6. CERTIFICATION REQUIREMENTS Please note that all research that involves the use of human subjects, animal care and use, and the handling and storage of bio-hazardous materials must be reviewed and certified by the appropriate University Compliance Committee before the research may commence.

HUMAN SUBJECTS HUMAN STEM CELLS ANIMALS BIOHAZARDS

APPLICANT: PERSONAL INFORMATION

7. APPLICANT'S NAME:

8. PRESENT ADDRESS:

9. TELEPHONE:

10. EMAIL ADDRESS:

11. CITIZENSHIP (required for reporting purposes):

12. START AND END DATES OF YOUR DEGREE PROGRAM:

13. DEGREE PROGRAM / DISCIPLINE:

FROM (DD/MM/YY): _____

TO (DD/MM/YY): _____

14. YOU ARE APPLYING FOR SUPPORT OF:

MASTER'S STUDENTSHIP PhD STUDENTSHIP

15. YOU ARE APPLYING FOR:

FIRST YEAR OF STIPEND SUPPORT

RENEWAL OF STIPEND SUPPORT

16. TERM OF SUPPORT REQUESTED:

FROM (DD/MM/YY): _____

TO (DD/MM/YY): _____

APPLICANT: PERSONAL INFORMATION (Continued)

17. HAVE YOU APPLIED FOR STIPEND / SALARY SUPPORT FROM OTHER AGENCIES, INTERNAL OR EXTERNAL TO THE UNIVERSITY OF CALGARY? **If yes, please identify the program/ agency and the amount of funding support. Attach an additional page if necessary.**

INTERNAL PROGRAM _____

DECISION PENDING: YES NO AWARDED: YES NO

DATES OF SUPPORT _____ AMOUNT _____

EXTERNAL PROGRAM OR AGENCY _____

DECISION PENDING: YES NO AWARDED: YES NO

DATES OF SUPPORT _____ AMOUNT _____

Note: ACHRI must be notified of all notices of awards received during the term of the ACHRI Studentship Award.

APPLICANT: ACADEMIC RECORD Please ensure your academic transcripts are attached.

18. DEGREES AND SPECIALTY CERTIFICATIONS **Include those expected in the next twelve months.**

DEGREE/ DIPLOMA	DISCIPLINE	INSTITUTION	DATES	
			From	To

19. UNDERGRADUATE AND GRADUATE AWARDS, PRIZES, AND HONORS **Attach an additional page if necessary.**

PRIZES/ HONORS/ AWARDS	AWARDED BY	YEAR WON/ HELD	AMOUNT OF AWARD (if applicable)

APPLICANT: RESEARCH EXPERIENCE

20. LIST ALL RELEVANT RESEARCH EXPERIENCE **Do not exceed allotted space.**

FROM (MM/YY)	TO (MM/YY)	POSITION	INSTITUTION/ COMPANY/ CITY/ COUNTRY	SUPERVISOR'S NAME

21. LIST (a) THE PAPERS, AND (b) THE ABSTRACTS YOU HAVE PUBLISHED AND/ OR PUBLICATIONS IN PROGRESS, PROVIDING COMPLETE REFERENCES, INCLUDING CO-AUTHORS, YEAR, TITLE, JOURNAL AND PAGE NUMBERS. **Attach an additional page if necessary.**

APPLICANT: PROPOSED RESEARCH PROJECT (new applicants) or PROGRESS REPORT (renewing applicants)

22. PROJECT TITLE:

23. PROJECT DESCRIPTION (NEW APPLICANTS) / PROGRESS REPORT (RENEWING APPLICANTS) **Must be written by the applicant. Maximum one page, single-spaced. Previous year's report is not acceptable.**

APPLICANT: PROPOSED RESEARCH PROJECT/ PROGRESS REPORT (Continued)

24. GIVEN THAT MOST OF THE FUNDS DEDICATED FOR TRAINEE AWARDS COME FROM PUBLIC DOLLARS, BRIEFLY JUSTIFY RELEVANCE AND POTENTIAL BENEFIT OF YOUR RESEARCH PROJECT TO PUBLIC HEALTH, AND ANY EMPHASIS ON CHILD AND MATERNAL HEALTH ISSUES, IF APPLICABLE. **Explain in simple, layman's language.**

25. STATE BRIEFLY HOW THE STUDENTSHIP/ FELLOWSHIP WILL FURTHER YOUR CAREER GOALS. ARE YOU PROCEEDING OR PLANNING TO PROCEED TO ANY ADDITIONAL DEGREE? IF SO, SPECIFY DEGREE, DISCIPLINE, INSTITUTION AND YEAR EXPECTED.

REFERENCES

26. IDENTIFY THE TWO INDIVIDUALS WHO HAVE AGREED TO SUBMIT A LETTER OF REFERENCE ON YOUR BEHALF. THE PROPOSED SUPERVISOR MUST BE ONE OF THE TWO. **Letters of reference should highlight the candidate's strengths as they relate to suitability/ experience in research (i.e., academic achievements, research and professional experience, technical capability and potential, communication and teamwork skills, intellectual curiosity, etc.). Letters must be current and must come directly from the referees via email, if possible. For renewing applicants, only one letter, from the supervisor is required.**

NAME	INSTITUTION/ ORGANIZATION	EMAIL ADDRESS

I have advised my above mentioned referees of the application deadline.

Graduate Studentship Progress Report – Renewing Applicants Only

The Progress Report is part of the application for renewal of the Department of Pediatrics Graduate Studentship.

TRAINEE'S RESEARCH EXPERIENCE

1. PLEASE LIST ALL THE PAPERS THAT HAVE BEEN PUBLISHED OR ACCEPTED FOR PUBLICATION WITH YOU AS AN AUTHOR DURING THE TERM OF SUPPORT. PROVIDE COMPLETE REFERENCES AND INDICATE IF PEER-REVIEWED OR NOT. **Attach an additional page if necessary.**

2. PLEASE LIST ALL THE CONFERENCE PRESENTATIONS YOU DELIVERED AS AN AUTHOR DURING THE TERM OF SUPPORT, PROVIDING COMPLETE REFERENCES, INCLUDING CO-AUTHORS, YEAR, TITLE, JOURNAL AND PAGE NUMBERS; AND NAMES OF CONFERENCES **Attach an additional page if necessary.**

3. PLEASE IDENTIFY OTHER PRESENTATIONS YOU DELIVERED TO AUDIENCES EXTERNAL TO YOUR TRAINING PROGRAM. ADDITIONALLY, IDENTIFY WORKSHOPS OR OTHER RELEVANT EDUCATIONAL ACTIVITIES YOU PARTICIPATED IN DURING THE TERM OF SUPPORT. **Attach an additional page if necessary.**

PART A: TO BE COMPLETED BY TRAINEE

4. COURSES TAKEN DURING THE TERM OF SUPPORT. **Attach an additional page if necessary.**

COURSE NUMBER	COURSE TITLE	DATES (DD/MM/YY)	GRADE

5. PLEASE INDICATE WHICH OF THE FOLLOWING COURSES YOU HAVE COMPLETED DURING YOUR TRAINING:

- GENERIC WHMIS
- RADIOACTIVE MATERIAL SAFETY
- RADIOISOTOPE REFRESHER ONLINE COURSE
- ZOOSES AND ANIMAL HAZARDS
- OTHER: _____

- INTRODUCTION TO BIOSAFETY
- HANDS-ON BIOSAFETY
- BLOOD BORNE PATHOGENS
- ANIMAL CARE AND USE

6. ANY COMMENTS YOU MAY WISH TO ADD: