

APPLICATION FOR ACHRI POSTDOCTORAL FELLOWSHIP SUPPORT

ACHRI POSTDOCTORAL FELLOWSHIPS ARE COMPETITIVE INTERNAL AWARDS FOR THE PURPOSE OF PROVIDING FUNDING SUPPORT TO TRAINEES PURSUING POSTDOCTORAL RESEARCH.

APPLICATION DEADLINE

May 1* 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). Letters must come directly from the referees via email.
- One electronic copy of the applicant's academic transcript (unofficial transcripts are acceptable). For postdoctoral fellows, only graduate program transcripts are required.

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

All applications should be submitted no later than 5PM of the deadline date indicated on the ACHRI Postdoctoral Fellowships Terms of Reference or on the ACHRI website. If possible, please submit the application and supporting documents as one single PDF file. Please submit application packages to ACHRI Research Training Platform at 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.
- Supervisors** agree to pay benefits and provide an additional \$25,000 of funding per year. ALL investigators MUST have sufficient funds to pay for benefits and the operating costs of the proposed project.

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 specify full membership of additional institutes.

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:

12. START AND END DATES OF YOUR DEGREE OR FELLOWSHIP PROGRAM:

FROM (DD/MM/YY): _____

TO (DD/MM/YY): _____

13. DEPARTMENT/ AREA OF RESEARCH

14. YOU ARE APPLYING FOR SUPPORT OF:

POSTDOCTORAL FELLOWSHIP CCHCSP FELLOWSHIP

15. YOU ARE APPLYING FOR:

FIRST YEAR OF FELLOWSHIP SUPPORT

RENEWAL OF FELLOWSHIP 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 FELLOWSHIP.

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. FIELDS/ ACHRI THEMES OF PROJECT, IF APPLICABLE:

- BEHAVIOUR AND THE DEVELOPING BRAIN
- HEALTHY LIVING AND INJURY PREVENTION
- MOLECULAR AND GENETIC BASIS OF CHILD HEALTH
- OPTIMIZING HEALTH OUTCOMES
- ONCOLOGY
- REPRODUCTIVE, MATERNAL, FETAL & NEWBORN HEALTH

24. 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)

25. GIVEN THAT MOST OF THE FUNDS IN THE ACHRI RESEARCH TRAINING PLATFORM 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.**

26. STATE BRIEFLY HOW THE FELLOWSHIP WILL FURTHER YOUR CAREER GOALS.

REFERENCES

27. 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.**

NAME	INSTITUTION/ ORGANIZATION	EMAIL ADDRESS

I have advised my above mentioned referees of the application deadline of May 1 at 5:00pm

ACHRI POSTDOCTORAL FELLOWSHIP PROGRESS REPORT – RENEWING APPLICANTS ONLY

THE PROGRESS REPORT IS PART OF THE APPLICATION FOR RENEWAL OF FELLOWSHIP SUPPORT UNDER THE ACHRI RESEARCH TRAINING PLATFORM.

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 THE TRAINING PROGRAM. 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 THE PROGRAM, 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 THE TRAINING PROGRAM. **Attach an additional page if necessary.**

PART A: TO BE COMPLETED BY TRAINEE

4. COURSES TAKEN DURING THE TERM OF THE TRAINING PROGRAM. **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:

- | | |
|---|--|
| <input type="checkbox"/> GENERIC WHMIS | <input type="checkbox"/> INTRODUCTION TO BIOSAFETY |
| <input type="checkbox"/> RADIOACTIVE MATERIAL SAFETY | <input type="checkbox"/> HANDS-ON BIOSAFETY |
| <input type="checkbox"/> RADIOISOTOPE REFRESHER ONLINE COURSE | <input type="checkbox"/> BLOOD BORNE PATHOGENS |
| <input type="checkbox"/> ZOOSES AND ANIMAL HAZARDS | <input type="checkbox"/> ANIMAL CARE AND USE |
| <input type="checkbox"/> OTHER: _____ | |
| _____ | |
| _____ | |
| _____ | |

6. ANY SUGGESTIONS FOR THE TRAINING PROGRAM OR COMMENTS YOU MAY WISH TO ADD: