

APPLICATION FOR ACHRI POSTDOCTORAL FELLOWSHIP

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

APPLICATION DEADLINES

May 1* (or per special notice) for July – June term or September – August term
October 1* (or per special notice) for January – December term

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

APPLICATION SUBMISSION CHECKLIST

- Completed Application 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.)
- Two letters of reference, one of which 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)

APPLICATION SUBMISSION INSTRUCTIONS

Applications should be submitted no later than 5PM of the deadline date indicated on the ACHRI website, under ACHRI Postdoctoral Fellowships. If possible, please submit the application and supporting documents as one single PDF file. Please submit application packages to ACHRI STEP at achri.training@ucalgary.ca.

**With any questions, please contact the ACHRI STEP office at
achri.training@ucalgary.ca or 403.220.8158**

- The applicant and the 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.
- By submitting this form, both the applicant and the supervisor(s) accept the rules and regulations outlined in the award guide.
- The applicant has advised his/her referees of the application deadline. He/she understands that it is his/her responsibility, as an applicant, to ensure that the letters are submitted on time.

SUPERVISOR 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.

4. TELEPHONE and EMAIL ADDRESS:

5. 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 INFORMATION

6. APPLICANT'S NAME:

7. PRESENT ADDRESS:

8. TELEPHONE:

9. EMAIL ADDRESS:

10. CITIZENSHIP (required for reporting purposes):

11. START AND END DATES OR YOUR FELLOWSHIP AT UCALGARY:

FROM (DD/MM/YY): _____
TO (DD/MM/YY): _____

12. TERM OF SUPPORT REQUESTED:

FROM (DD/MM/YY): _____
TO (DD/MM/YY): _____

13. DEPARTMENT/ AREA OF RESEARCH:

14. HAVE YOU APPLIED FOR FELLOWSHIP/ SALARY SUPPORT FROM OTHER AGENCIES, INTERNAL OR EXTERNAL TO THE UNIVERSITY OF CALGARY? If yes, please complete the table below. Attach an additional page if necessary.

NOTE: ACHRI MUST BE NOTIFIED OF ALL NOTICES OF AWARDS RECEIVED DURING THE TERM OF THE ACHRI FELLOWSHIP.

NAME OF AWARD	AGENCY/ PROGRAM	AWARD AMOUNT	START DATE	END DATE	AWARDED? (YES/NO/ DECISION PENDING)

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

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

DEGREE/ DIPLOMA	DISCIPLINE	INSTITUTION	DATES	
			From	To

16. PLEASE LIST AWARDS, PRIZES, AND HONORS Attach an additional page if necessary

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

APPLICANT: ACADEMIC INTERRUPTIONS

17. ACADEMIC INTERRUPTIONS Extenuating circumstances (i.e., a combination of health, financial, legal or personal issues) can impact academic performance and contribute to academic interruptions. Please complete this section if applicable. Attach an additional page if necessary.

APPLICANT: RESEARCH EXPERIENCE

18. LIST ALL RELEVANT RESEARCH EXPERIENCE

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

APPLICANT: RESEARCH EXPERIENCE *Continued*

19. 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

20. PROJECT TITLE:

21. ACHRI RESEARCH PROGRAMS APPLICABLE TO THE PROPOSED RESEARCH PROJECT:

- | | |
|---|---|
| <input type="checkbox"/> CARE TRANSFORMATIONS FOR CHILDREN | <input type="checkbox"/> HEALTHY CHILDREN, FAMILIES AND COMMUNITIES |
| <input type="checkbox"/> CHILD BRAIN AND MENTAL HEALTH | <input type="checkbox"/> MATERNAL AND CHILD HEALTH |
| <input type="checkbox"/> CHILD HEALTH DATA SCIENCE | <input type="checkbox"/> PRECISION MEDICINE AND DISEASE MECHANISMS |
| <input type="checkbox"/> CHILDHOOD CANCER AND BLOOD DISORDERS | |

22. PROJECT DESCRIPTION Must be written by the applicant. Maximum one page, single-spaced. Describe the objectives, hypothesis, experimental approach, methods, significance, etc. Focus on what you will be working on during the tenure of the award. Please note that the Review Committee is a multi-disciplinary group of reviewers who may not have the in-depth knowledge in all the projects submitted; please ensure that the project summary can be understood by a non-specialist reviewer. References should be provided on a separate page.

APPLICANT: PROPOSED RESEARCH PROJECT *Continued*

23. GIVEN THAT THE FUNDS FOR ACHRI FELLOWSHIPS 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. **Explain in simple, layman's language.**

24. STATE BRIEFLY HOW THE FELLOWSHIP WILL FURTHER YOUR CAREER GOALS:

REFERENCES

25. IDENTIFY THE TWO INDIVIDUALS WHO HAVE AGREED TO SUBMIT A LETTER OF REFERENCE TO SUPPORT YOUR APPLICATION. THE PROPOSED SUPERVISOR MUST BE ONE OF THE REFEREES. **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