

## APPLICATION FOR ACHRI CLINICAL RESEARCH FELLOWSHIP IN CHILD HEALTH AND WELLNESS

ACHRI CLINICAL RESEARCH FELLOWSHIPS ARE INTERNAL AWARDS INTENDED TO PROVIDE SALARY SUPPORT TO MEDICAL RESIDENTS AND FELLOWS WHO WISH TO PURSUE RESEARCH TRAINING DURING THEIR RESIDENCY OR FELLOWSHIP YEARS.

### APPLICATION DEADLINES

**May 1\* (or per special notice)**

for the term commencing in July of the year **following** application deadline

**\*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)
- Three letters of reference, one of which must be written by the primary supervisor. Letters must come directly from the referees via email.
- Assessment form completed by each referee (must come directly from the referees via email along with reference letters)
- 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 on the deadline date indicated on the ACHRI website, under ACHRI Clinical Research 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](mailto:achri.training@ucalgary.ca).

**With any questions, please contact the ACHRI STEP office at  
[achri.training@ucalgary.ca](mailto:achri.training@ucalgary.ca) or 403.220.8158**

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

NAME OF CANDIDATE:

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

1. SUPERVISOR'S NAME:	2. DEPARTMENT:
3. EMAIL ADDRESS:	4. TELEPHONE:

**APPLICANT: PERSONAL INFORMATION**

5. APPLICANT'S NAME:	7. PRESENT ADDRESS:
6. TELEPHONE:	
8. EMAIL ADDRESS:	9. CITIZENSHIP (required for reporting purposes):
10. START AND END DATES OF YOUR PROPOSED RESEARCH TRAINING / FELLOWSHIP PROGRAM:  FROM (DD/MM/YY): _____  TO (DD/MM/YY): _____	11. TERM OF SUPPORT REQUESTED:  FROM (DD/MM/YY): _____  TO (DD/MM/YY): _____

12. HAVE YOU APPLIED FOR STIPEND / SALARY SUPPORT FROM OTHER AGENCIES, INTERNAL OR EXTERNAL TO THE UNIVERSITY OF CALGARY / ACH? If yes, please identify the program/ agency and the amount of funding support that is current or pending. 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)

NAME OF CANDIDATE:

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

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

DEGREE/ DIPLOMA	DISCIPLINE	INSTITUTION	DATES	
			From	To

14. 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: ACADEMIC INTERRUPTIONS**

15. 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**

16. LIST ALL RELEVANT RESEARCH EXPERIENCE

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

NAME OF CANDIDATE:

**APPLICANT: RESEARCH EXPERIENCE *Continued***

17. 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 additional pages if necessary.**

**APPLICANT: PROPOSED RESEARCH TRAINING**

18. FIELD / DISCIPLINE OF PROPOSED RESEARCH TRAINING:

19. 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 |   |

20. PROPOSED TRAINING TIME ALLOCATION FOR THE CANDIDATE **To be completed by the Supervisor**

RESEARCH TRAINING\*: \_\_\_\_\_

CLINICAL TRAINING\*\*: \_\_\_\_\_

\*Including literature review, bench work +/- clinical research, manuscript preparation, report preparation, related coursework

\*\* Instruction in clinical assessment/ techniques, patient care and other responsibilities of clinical fellowship. Not to exceed 50%

21. PROJECT TITLE:

NAME OF CANDIDATE:

**APPLICANT: PROJECT DESCRIPTION**

22. **PROJECT DESCRIPTION** Must be written by the applicant. Maximum two pages, single-spaced. References should be provided on an additional page.

**NOTE: APPLICATIONS ARE REVIEWED BY A MULTI-DISCIPLINARY PANEL. PLEASE ENSURE THAT THE PROJECT SUMMARY IS UNDERSTOOD BY A NON-SPECIALIST REVIEWER.**

NAME OF CANDIDATE:

**APPLICANT: PROJECT DESCRIPTION *Continued***

Empty project description area.

NAME OF CANDIDATE:

**APPLICANT: PROJECT DESCRIPTION *Continued***

23. GIVEN THAT THE FUNDS FOR THIS FELLOWSHIP COME FROM PUBLIC DOLLARS, BRIEFLY JUSTIFY RELEVANCE AND POTENTIAL BENEFIT OF YOUR RESEARCH PROJECT TO PUBLIC HEALTH, AND EMPHASIS ON CHILD AND MATERNAL HEALTH ISSUES. EXPLAIN IN SIMPLE, LAYMAN'S LANGUAGE.

**REFERENCES**

24. IDENTIFY THE INDIVIDUALS WHO HAVE AGREED TO SUBMIT A LETTER OF REFERENCE and AN ASSESSMENT FORM AS PART OF YOUR APPLICATION.

**NOTE: Three references for new applicants are required. Letters of reference should highlight the candidate's strengths as they relate to suitability/ experience in research (i.e. originality, technical ability, demonstrated skills, judgement, critical skills, communication and teamwork skills, etc.). Letters must be current and must come directly from the referees via email. Additionally, referees are required to complete and submit the APPLICANT ASSESSMENT FORM, as part of the recommendation requirements.**

NAME	INSTITUTION/ ORGANIZATION	EMAIL ADDRESS

I have advised my above-mentioned referees of the application deadline. I understand that it is my responsibility, as an applicant, to ensure that the letters and assessment forms are submitted on time.

**SIGNATURES**

APPLICANT:	DATE:
SUPERVISOR:	DATE:
DEPARTMENT HEAD:	DATE: