

**APPLICATION FORM FOR FELLOWSHIP AWARDS**

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| **APPLICATION DEADLINES**  **May 1\* (or per special notice) for all fellowship awards listed on the form – various start dates; please refer to the corresponding award guide for details**  **October 1\* (or per special notice) for postdoctoral fellowships only, for January – December term**  **\*When deadlines fall on a statutory holiday or weekend, applications are due on the next business day** |

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| **APPLICATION SUBMISSION CHECKLIST**  **Completed Application Form**  **Two letters of reference, one of which must be written by the primary supervisor (or co-supervisors).**  **Letters must come directly from the referees via email to** [**achri.training@ucalgary.ca**](mailto:achri.training@ucalgary.ca)**.** |

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| **APPLICATION SUBMISSION INSTRUCTIONS**  **Applications should be submitted no later than 5PM of the deadline date indicated on the ACHRI website, under Fellowship Awards. 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** |

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| **ATTESTATION**  **The applicant and the supervisor(s) have carefully read the terms of reference for the applicable award(s) and followed instructions to complete this form. They 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 applicable award guide.**  **The applicant has advised their referees of the application deadline. The applicant understands that it is their responsibility, as an applicant, to ensure that the letters are submitted on time.** |

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| **AWARDS** | | |
| 1. PLEASE INDICATE FELLOWSHIP AWARDS YOU ARE APPLYING FOR (PLEASE CHECK ALL BOXES THAT APPLY) **Please submit an eligibility statement for each fellowship award you are applying for (Section 28). For eligibility requirements please review the applicable Award Guide.**   |  |  | | --- | --- | | ACHRI POSTDOCTORAL FELLOWSHIP | HASLAM CLINICAL RESEARCH FELLOWSHIP IN CHILD  BRAIN HEALTH | | ACHRI CLINICAL RESEARCH FELLOWSHIP | AISHA REA RESEARCH FELLOWSHIP IN VASCULITIS | | CHARLIE FISCHER FELLOWSHIP IN ADVANCING PATIENT  AND FAMILY-ORIENTED RESEARCH | OTHER **(Please list in the space provided below)**: | | | |
| **APPLICANT INFORMATION** | | |
| 2. APPLICANT’S NAME: | 3. PRESENT ADDRESS: | |
| 4. TELEPHONE: |
| 5. EMAIL ADDRESS: | 6. CITIZENSHIP **(required for reporting purposes):** | |
| 7. PLEASE INDICATE ANTICIPATED START AND END DATES OF YOUR FELLOWSHIP:  FROM (DD/MM/YY):  TO (DD/MM/YY): | 8. TERM OF SUPPORT REQUESTED (IF DIFFERENT FROM SECTION 7):  FROM (DD/MM/YY):  TO (DD/MM/YY): | |
| 9. DEPARTMENT/ AREA OF RESEARCH: | | |
| 10. 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 FELLOWSHIP SUPPORT.**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **NAME OF AWARD** | **AGENCY/ PROGRAM** | **AWARD AMOUNT** | **START DATE** | **END DATE** | **AWARDED?**  **(YES/NO/ DECISION PENDING)** | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | | |

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| **APPLICANT: ACADEMIC RECORD** |
| 11. DEGREES AND SPECIALTY CERTIFICATIONS **Include those expected in the next twelve months.**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **DEGREE/ DIPLOMA** | **DISCIPLINE** | **INSTITUTION** | **DATES** | | | **From** | **To** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |
| 12. 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: EQUITY, DIVERSITY AND INCLUSION (EDI) CONSIDERATIONS** |
| 13. EDI CONSIDERATIONS **Please provide any information that you feel would be relevant to help the review committee adjudicate this application, including EDI considerations, extenuating circumstances (i.e., parental leaves, health, financial, personal issues, and/or lack of opportunity) that would provide a more complete picture about your background and experience. Please complete this section if applicable. Attach an additional page if necessary.** |
| **APPLICANT: RESEARCH EXPERIENCE** | |
| 14. LIST ALL RELEVANT RESEARCH EXPERIENCE   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **FROM**  **(MM/YY)** | **TO**  **(MM/YY)** | **POSITION** | **INSTITUTION/ COMPANY/ CITY/ COUNTRY** | **SUPERVISOR’S NAME** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | | |

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| **APPLICANT: RESEARCH EXPERIENCE *Continued*** | |
| 15. LIST RELEVANT RESEARCH OUTPUTS (e.g., PAPERS AND ABSTRACTS YOU HAVE PUBLISHED AND/ OR PUBLICATIONS IN PROGRESS; DATA SETS, SOFTWARE, PATENTS/ INTELLECTUAL PROPERTY, IMPACT ON POLICY AND PRACTICE, ETC.). **Attach an additional page if necessary.** | |
| **RESEARCH SUPERVISOR INFORMATION** | |
| 16. PROPOSED SUPERVISOR’S NAME: | 17. EMAIL ADDRESS: |
| 18. FACULTY AND DEPARTMENT: | 19. RESEARCH INSTITUTE MEMBERSHIP **Please specify full membership of additional institutes.** |
| 20. SUPERVISOR’S ACADEMIC APPOINTMENT RECORD: | |
| 21. CURRENT RESEARCH SUPPORT **Please list awarded grants for the past 5 years (Attach an additional page if necessary)**: | |

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| **RESEARCH SUPERVISOR INFORMATION *Continued*** |
| 22. TRAINEE SUPERVISION **Please list number of trainees supervised in each category over the past 5 years:**  UNDERGRADUATE STUDENTS:  MASTER’S STUDENTS:  PHD STUDENTS:  POSTDOCTORAL FELLOWS:  OTHER: |
| 23. SUPERVISOR’S SELECTED PUBLICATIONS FOR THE PAST 5 YEARS **Please attach additional page(s) if necessary:** |
| **PROPOSED RESEARCH PROJECT** |
| 24. PROJECT TITLE: |
| 25. 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 |
| 26. [ACHRI/ CHILD HEALTH AND WELLNESS RESEARCH PROGRAMS](https://research4kids.ucalgary.ca/research/programs) APPLICABLE TO THE PROPOSED RESEARCH PROJECT:   |  |  | | --- | --- | | CARE TRANFORMATIONS FOR CHILDREN | HEALTHY CHILDREN, FAMILIES AND COMMUNITIES | | CHILD BRAIN AND MENTAL HEALTH | MATERNAL AND CHILD HEALTH | | CHILD HEALTH DATA SCIENCE | PRECISION MEDICINE AND DISEASE MECHANISMS | | CHILDHOOD CANCER AND BLOOD DISORDERS |  | |

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| **PROPOSED RESEARCH PROJECT *Continued*** |
| 27. PROJECT DESCRIPTION **Must be written by the applicant. Maximum two pages, 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 (that may include community/patient representatives), 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.** |

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| **PROPOSED RESEARCH PROJECT *Continued*** |
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| **PROPOSED RESEARCH PROJECT *Continued*** |
| 28. ELIGIBILITY AND IMPACT STATEMENT: PLEASE JUSTIFY RELEVANCE AND POTENTIAL BENEFIT OF YOUR RESEARCH PROJECT TO THE PURPOSE AND AIMS OF THE FELLOWSHIP AWARD(S) FOR WHICH YOU ARE APPLYING (LISTED IN SECTION 1). IF APPLYING FOR MORE THAN ONE AWARD, PLEASE PROVIDE ELIGIBILITY STATEMENT FOR EACH AWARD ON A SEPARATE PAGE (MAXIMUM ½ PAGE FOR EACH STATEMENT). **Explain in simple, lay language.** |
| 29. CLINICAL TRAINING. **Complete this section if applicable to your training or indicate as “N/A.”** **Describe clinical work that will be performed during the tenure of the award, and how it will complement your research project. Clinical time should not exceed the stated maximum as advertised in the applicable terms of reference/ award guide.** |
| 30. STATE BRIEFLY HOW THE FELLOWSHIP WILL FURTHER YOUR CAREER GOALS: |

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| **REFERENCES/ LETTERS OF SUPPORT** |
| 31. 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, potential for impact in field of study, etc.). Any relevant EDI considerations should be included. Letters must be current and must come directly from the referees via email to** [**achri.training@ucalgary.ca**](mailto:achri.training@ucalgary.ca)**, if possible.**   |  |  |  | | --- | --- | --- | | **NAME** | **INSTITUTION/ ORGANIZATION** | **EMAIL ADDRESS** | |  |  |  | |  |  |  | |