Application Form for the CTN+ Postdoctoral Fellowship Program

Note: This application must be completed in full. The completed application must be received by the CTN+ no later than February 17, 2025.

Note: You will need to have a current version of Adobe Acrobat Reader (free) or Adobe Writer or Adobe Professional to complete and submit this form. To update, please go to: *http://www.adobe.com/products/reader/*.
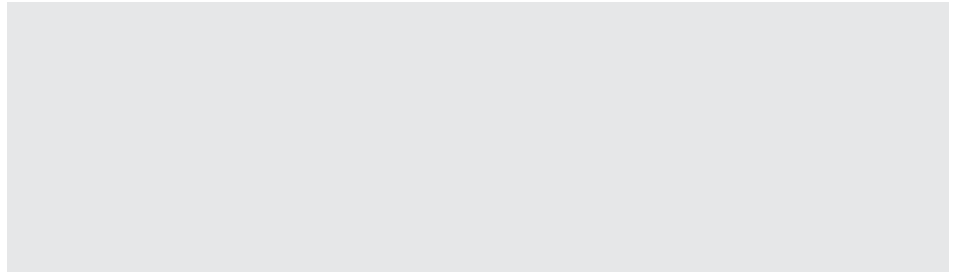
Applicant Checklist

This application contains:

❑ The application form, fully completed and signed

❑ A covering letter from the candidate (see page 3 of guidelines)

❑ A letter of undertaking from the proposed supervisor (see page 3 of the guidelines)

❑ Letters from at least two references (in addition to that of the supervisor)

❑ Letter from the Sponsoring Institution (including ethical oversight body)

❑ Any other pertinent documents
  ❑ PhD diploma, if applicable
  ❑ MD license, if applicable
  ❑ Research protocol, if applicable
  ❑ Other

1. Family Name, Given Name

Please type within the grey box.
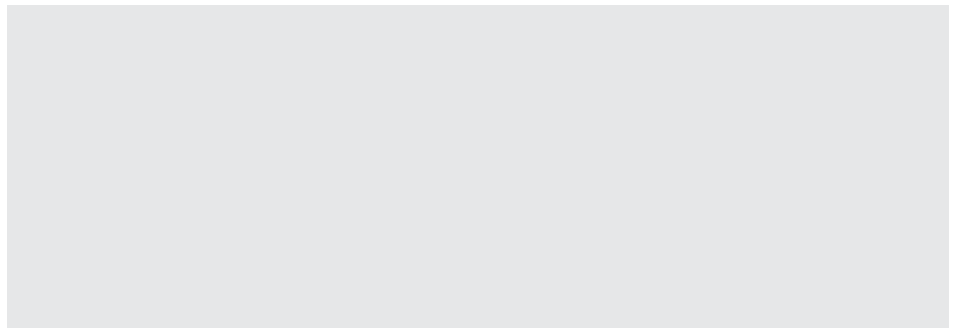
2. Citizenship Status

❑ Canadian

❑ Permanent Resident in Canada

❑ Foreign

3. Mailing Address

Please include:

Telephone Number
(Home, Work, Cellular)

Email Address

4. Location of Proposed Training
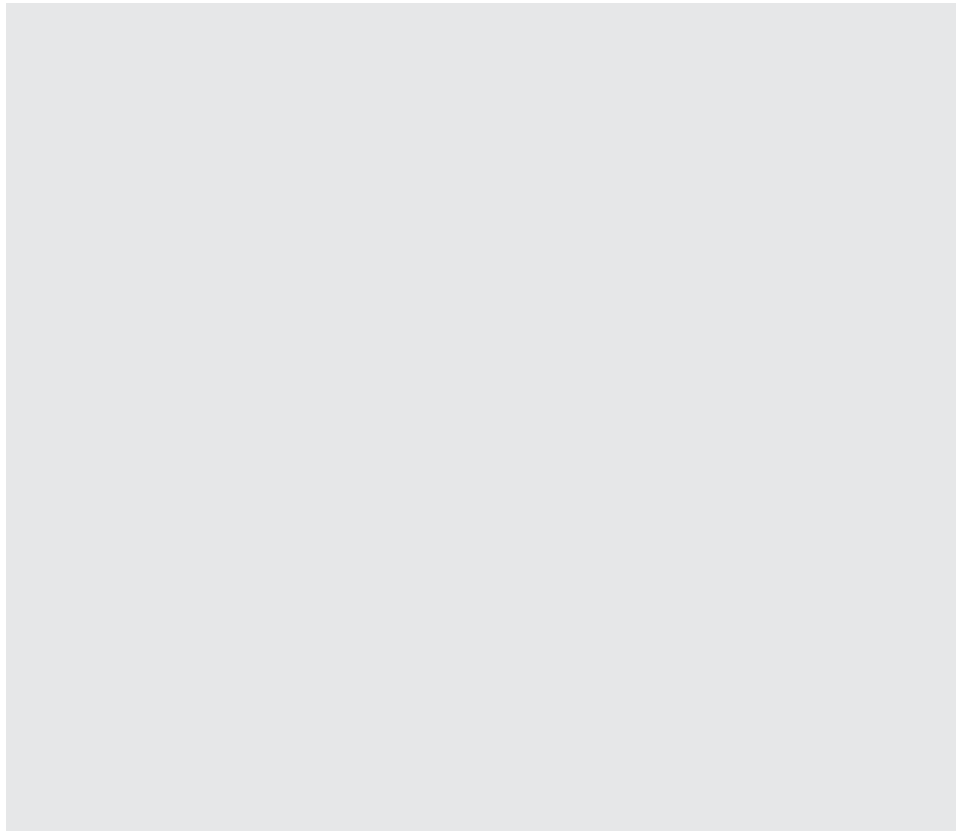
Department

Faculty

University

Supervisor(s)

Supervisor(s) Telephone
& Email Addresses

Complete Mailing
Address of Training
Location

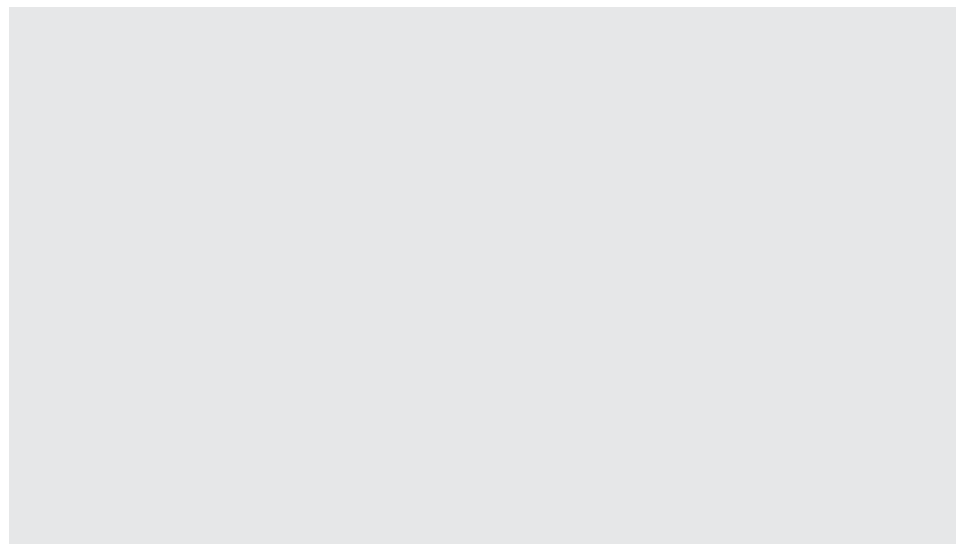## 5. Degrees and Speciality Certifications

Include those expected in
the next 12 months:
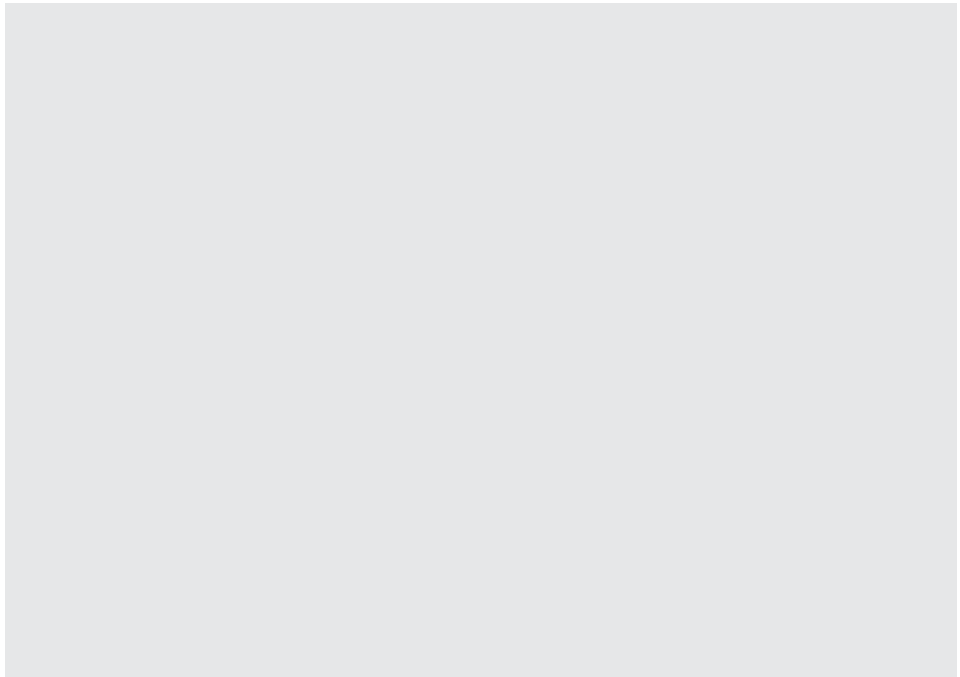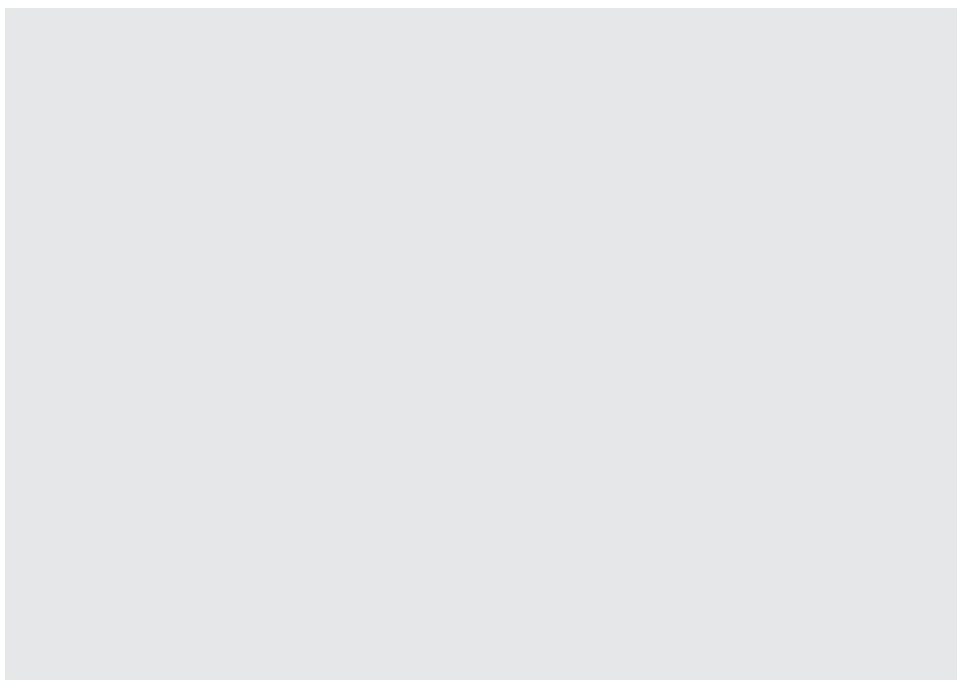
Type

Institution

Speciality

Date

6. Postgraduate Experience

List, starting with most recent, all postgraduate clinical and research training and institutions. In the case of research experience, including MSc and PhD training, name of supervisor and subject of research.

7. Honours and Awards

List the undergraduate and graduate awards that you have held, indicating type and dates.

8. Publications

Attach a list of (a) the papers (b) the book chapters and (c) abstracts you have published and/or submitted, giving the titles, references, and co-authors (if any). Also, please indicate briefly the extent of your contribution. Note that copies of your publications (published or in press) are not required.

	No. of Papers	No. of Book Chapters	No. of Abstracts
Co-author			
First Author			
Sole Author			
Total			

9. Title and Summary of Candidate's Proposed Research

Please include the following information listed below and provide as a ***separate attachment.***
(Approx 2000 words, 4 pages single-spaced, font size 11).

a) Background

b) Objectives

c) Hypothesis

d) Methods

e) Statistical analysis plan, if applicable

f) Community engagement

g) Knowledge Translation

10. Are you proceeding or planning to proceed to any additional degrees?

If so specify degree, discipline, institution and year expected.

Yes   No

11. Have you applied for other fellowships? If so, please list.

12. References

List the names of at least two individuals whose assessments accompany this application.

13. Training Time Allocation

Including bench work, clinical research, coursework and literature review.

Instruction in clinical techniques, patient care and other responsibilities of clinical residency related coursework. Not to exceed 25 per cent.

Research Training _____%

Clinical Training _____%

14. Undertaking of Applicant

I understand and agree to fulfill the requirements of this fellowship as described in the guidelines.

_____   _____
Signature   Date

15. Undertaking of Training Supervisor

If a fellowship is awarded, I will accept the Fellow for research training in my centre. Adequate resources will be available to cover the costs of the Fellow's research.

_____   _____
Signature   Date

16. Undertaking of Sponsoring Institution

_____

Name of Department within the Sponsoring Institution and **Name of Appropriate Authorized Official** that is prepared to sponsor this proposed Fellowship and to appoint the fellow to an appropriate position within the department.

_____   _____
Signature   Date