

**The CIHR Team Grant in Cardiovascular Outcomes Research  
2010/2011 STUDENT TRAINING PROGRAM**

COMPLETE AND FORWARD THIS SHEET WITH YOUR APPLICATION

You will not be able to save this form with your text - please ensure that you can complete it in one sitting.

Name of Applicant:

Date:

**A. CONTENTS OF COMPLETE APPLICATION**

The original application and FIVE (5) photographically duplicated copies must be assembled and submitted in the following order to CCORT.

- |   |  |
|---|--|
| <input type="checkbox"/> Page 2- Items 1 through 8 completed  | <input type="checkbox"/> Page 6- Item 18 completed   |
| <input type="checkbox"/> Page 3- Items 9 through 13 completed | <input type="checkbox"/> Page 7- Items 19 through 22 completed                             |
| <input type="checkbox"/> Page 4- Items 14 and 15 completed    | <input type="checkbox"/> Page 8- Item 23-Nature of proposed research                       |
| <input type="checkbox"/> Page 5- Items 16 and 17 completed    | <input type="checkbox"/> Page 9- Progress report, not to exceed 2 pages<br>(renewals only) |

**B. ENCLOSURES** (Ancillary information to be attached at the end of the application)

- Transcript of the applicant's academic record (current and last degree obtained)
- Referee's assessment forms in sealed envelopes (Not required for renewal applications)
- Up to 3 related publications by the applicant (where available)
- Supervisor statement form (sealed)
- Letter from student explaining research interests, career plans and proposed supervisor
- Evidence of external peer applications (s) (signature page) - Optional

**C. MAILING**

Applications must be made on the prescribed forms and must be received by **Friday, March 12, 2010 at 4:00pm EST** at the following address:

Attention: Michael Smoughton  
Institute for Clinical Evaluative Sciences  
G1 06, 2075 Bayview Avenue  
Toronto Ontario M4N 3M5  
Telephone: 416-480-4055 ext. 3119  
Fax: 416-480-6048  
Email: [michael.smoughton@ices.on.ca](mailto:michael.smoughton@ices.on.ca)

**LATE OR INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED**

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Type of application:       New                               Renewal

<b>1. Name of Applicant (Last name, first name, initial)</b> <input style="width: 90%;" type="text"/>	<b>Enter Salutation</b> <input style="width: 60%;" type="text"/>	<b>Date of Birth (dd/mm/yy)</b> <input style="width: 60%;" type="text"/>	<input type="checkbox"/> male <input type="checkbox"/> female
<b>2. Citizenship</b> <input type="checkbox"/> Canadian <input type="checkbox"/> Permanent Resident in Canada <input type="checkbox"/> Foreign			
<b>3. University Mailing Address</b> <input style="width: 95%; height: 40px;" type="text"/>		<b>Telephone:</b> <input style="width: 80%;" type="text"/>	
		<b>Fax:</b> <input style="width: 80%;" type="text"/>	
		<b>Email:</b> <input style="width: 80%;" type="text"/>	
<b>4. Present Position, Department, Institution and Date</b> <input style="width: 95%; height: 25px;" type="text"/>			
<b>5. Permanent Address (do not use University address)</b> <input style="width: 95%; height: 50px;" type="text"/>  E-mail address <input style="width: 95%; height: 25px;" type="text"/>			
<b>6. a.) Name of agencies to which application for support has been made or will be made (attach signature page for each)</b> <input style="width: 95%; height: 25px;" type="text"/>  b.) List current sources of funding and duration <input style="width: 95%; height: 25px;" type="text"/>			
<b>7. a.) Supervisor name, department and institution (with address) at which applicant has arranged to carry out research training</b> <input style="width: 95%; height: 25px;" type="text"/>  b.) List no more than five key words which identify your research project <input style="width: 95%; height: 25px;" type="text"/>			
<b>8. Level of studies for 2010-2011</b> <input type="checkbox"/> MSC <input type="checkbox"/> PhD <input type="checkbox"/> Postdoctoral fellow    Date started: <input style="width: 100px;" type="text"/>			

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9. Ultimate career goals (not to exceed this space)

10. Title of research project (12 words or less)

11. Education (where appropriate, indicate Canadian equivalent)

Degree	Course	Supervisor	University	Year obtained
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

12. Experience (academic, clinical and research)

Date	Position	Department	Institution
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I am eligible to practice medicine in Canada  YES  NO

13. Distinctions and awards

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14. Membership in professional and scientific societies

15. Publications

- a. Papers, Abstracts, non-peer reviewed publications
- b. Of the above total, give details of the past 5 years, list authors, titles and journals. List abstracts and non peer-reviewed publications separately from peer-reviewed publications. Identify and briefly describe your role in multi-authored publications. (Use a separate sheet if necessary).
- c. Where appropriate, please append up to 3 related publications by the applicant on which productivity can be judged.

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**SUPERVISOR'S STATEMENT FORM**

16. Name:  Telephone:

Department/Faculty/Institution

Name of applicant in full (Surname in capitals):

17. To be completed by the Supervisor.

Please provide an overview of the environment, highlighting resources and programs which will be made available to the candidate for training in the scientific method and chosen area of cardiovascular research, including grant funding information. The original and five (5) copies are to be sealed in an envelope and returned to the candidate who in turn will include it as part of his/her application.



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19. Assurance is given that any human experimentation will be acceptable to the institution on ethical grounds and that in the case of laboratory animals for animal experimentation, the guiding principles enunciated by the Canadian Council on Animal Care will be adhered to and that the proposed research will not be undertaken until it has been accepted as meeting the requirements regarding biological and chemical hazards as outlined in the Health Canada "Laboratory Biosafety Guidelines". The institution must notify CCORT if such approval is not forthcoming.

Supervisor

Applicant

Signature

Date

Signature

Date

20. Appraisals have been requested from (Excluding proposed supervisor)

1. Name of Referee

Address

2. Name of Referee

Address

**21. APPLICANTS**

Applicant agrees to abide by the regulations governing this award, if granted.

Applicant

Signature

Date

**22. SUPERVISOR**

If awarded, I will accept the new awardee for research training in my laboratory. Adequate resources will be available to cover the cost of the awardee's research. I will have adequate funds to provide matching funding, to CIHR fellowship levels, in the event that only partial funding is available.

Supervisor

Signature

Date

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23. Nature of the Proposed Research

Not to exceed two pages-not including references. Describe the rationale, objective and experimental approach of the proposed research. State its relevance to the cardiovascular/ cerebrovascular field. **Describe briefly your individual expected contribution as the student to the project.**



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**ASSESSMENT OF CANDIDATE BY REFEREE**

1. Name of candidate in full (Surname in capitals)

2. Please comment on: background preparations; industry/perseverance; motivation/initiative; organization ability; skill at research; judgment/critical sense; intellectual ability; originality (demonstrated); originality (potential) and indicate the period of time and in what capacity you have known the applicant. (To be completed by the referee)

Signature of referee

Name of referee

Date

Positions/Department/Institution

This document and FIVE (5) photocopies are to be sealed in an envelope and returned to the candidate who in turn will include it as part of his/her application. Candidates need your support to ensure that this material is returned to them in a timely manner to complete their application package. Late or incomplete applications will not be accepted.