



Research Training Awards - Trainee Application Form

1. Applicant's Information				
Applicant's Name:	<i>First</i>	<i>Last</i>	Application Date:	
Applicant's Mailing Address:	<i>Street Address</i>		<i>Apartment/Unit #</i>	
	<i>City</i>	<i>Province/ State</i>	<i>Postal Code/ Zip Code</i>	
Phone:		E-mail Address:		
Country of Residence:				
Current Citizenship:		If not a Canadian citizen, are you a permanent resident of Canada?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Applying for:	<p>*NOTE: Priority will be given to new applicants.</p> <input type="checkbox"/> CanVECTOR Studentship Award (MSc / PhD) <input type="checkbox"/> CanVECTOR Fellowship Award - Clinician Scientist or Clinician Investigator (MD) <input type="checkbox"/> Renewal of a CanVECTOR Fellowship or Studentship Award			
Supervisor(s) name(s), department and institution at which applicant has arranged to carry out research training				
Supervisor:				
Co-Supervisor (if applicable):				
Title of research project:				
2. Graduate Program during the upcoming studentship/fellowship year (if applicable)				
Degree	Name of Discipline	Department, Institution, and Country Name of the supervisor	Start date (mm/yyyy)	End date (mm/yyyy)
3. Academic Background (include only current and past degree programs)				
Degree	Name of Discipline	Department, Institution, and Country Name of the supervisor	Start date (mm/yyyy)	End date (mm/yyyy)



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4. Sources of salary support expected during the upcoming studentship/fellowship year (check all applicable)					
<input type="checkbox"/> Salary from your institution (e.g. researchship, graduate studentship, fellowship salary support)					
<input type="checkbox"/> Salary award (any internal or external funding: e.g. university or hospital-sponsored award, Industry-sponsored award, peer-reviewed award from HSF or CIHR, etc.)					
<input type="checkbox"/> Clinical scholar (clinical billing as a physician)					
<input type="checkbox"/> None (no salary support has been confirmed)					
5. Scholarships and other awards currently held and expected for the upcoming studentship/fellowship year					
Name of Award	Funder	Value (CDN\$)	Type (Academic, Research)	Location of Tenure	Period Held (mm/yyyy-mm/yyyy)
6. Sources of potential salary support during upcoming studentship/fellowship year					
I have applied for other sources of salary support (results are pending) or will be applying for additional support:					
<input type="checkbox"/> No <input type="checkbox"/> Yes					
7. Scholarships and other awards that you have applied for (results are pending) or plan to apply for to provide salary in the upcoming studentship/fellowship year					
Name of Award	Funder	Value (CDN\$)	Date results expected (dd/mm/yyyy)		
8. Signature and Disclaimer					
<p>Applicant – By signing below the applicant agrees to abide by all conditions and responsibilities outlined in the CanVECTOR Application Instructions, if granted. The applicant’s signature also confirms that to the best of their knowledge, the information provided within this application is honest and accurate.</p>					



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Signature of Applicant:	Date:
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