## Breathing as One: Fellowship and Studentship Application Form

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| 1. Application Information | | | | | | | | | | | | | | | | | |
| **Applicant’s**  **Name:** | First | | | | Last | | | | | | | | | | **Application Date:** | | |
| **Applicant’s**  **Mailing Address:** | Street Address: | | | | | | | | | | Apartment/Unit # | | | | | | |
| City | | | | | | | | | | Province | | | | Postal Code | | |
| **Phone # :** | (     ) | | | | | | Email Address | | | |  | | | | | | |
| **Applying for:** | BAO: Studentship Award (PhD)  BAO: Fellowship Award (Post-Doctorate or MD Fellow) | | | | | | | | | | | | | | | | |
| **If not a Canadian citizen are you a permanent resident of Canada?** | | | | **YES** | | **NO** | | | **YES, Effective date:** | | | | **Include photocopy of the official document.** | | | | |
| **Have you completed your MD or PhD degree?**  yes  no  If yes, MD degree  PhD degree | | | | | | | | If yes,  date of completion: | | If MD, are you licensed in Canada, and have 2 or more years research/clinical experience?  yes  no | | | | | | | |
| Name agencies to which application for support has been made or will be made | | | | | | | | | | | | | | | | | |
| Supervisor(s) name(s), department and institution (with address) at which applicant has arranged to carry out research training (please complete supervisor section on page 9)  Supervisor:  Co-Supervisor (if applicable): | | | | | | | | | | | | | | | | | |
| List no more than five key words which identify your research project | | | | | | | | | | | | | | | | | |
| Title of research project: | | | | | | | | | | | | | | | | | |
| Canadian Institutes of Health Research 4 Pillars:  Applicants must estimate what proportion of the proposed research and proposed project budget falls under the four health research themes.  Basic Biomedical:      % Clinical:      %  Health Services/Systems:      % ****Social, cultural, environmental and population health:****      % | | | | | | | | | | | | | | | | | |
| **2. Payment Details** | | | | | | | | | | | | | | | | | |
| Institutional Financial Officer  Full Name: | | Details of where funds should be sent  Address:  City:  Province:  Postal Code:  Phone:  Fax:  Email: | | | | | | | | | | Cheque payable to (institution): | | | | | |
| 3. Signatures and Disclaimer | | | | | | | | | | | | | | | | | |
| Applicant – By signing below the applicant agrees to abide by all regulations and policies governing this award (Studentship/Fellowship), if granted. The applicant’s signature also confirms that the applicant is not currently barred from applying to The Lung Association or any other research funding organization (e.g. CIHR, NSERC, SSHRC, provincial funding organizations) for reasons of breach of standards of ethics or integrity (i.e. financial or scientific misconduct) | | | | | | | | | | | | | | | | | |
| Signature of Applicant: | |  | | | | | | | | | | Date: | | | | | |
| Supervisor’s Signature | | | | | | | | | | | | | | | | | |
| Supervisor’s Name: | | Signature: | | | | | | | | | | Date: | | | | | |
| Institution Signatures | | | | | | | | | | | | | | | | | |
| Dean’s Name: | | Signature: | | | | | | | | | | Date: | | | | | |
| Head of Department Name: **Department:**  **Institution:** | | Signature: | | | | | | | | | | Date: | | | | | |
| 4. Academic Background (include only current and past degree programs) | | | | | | | | | | | | | | | | | |
| Degree | Name of Discipline | | Department, Institution, and Country  Name of the supervisor | | | | | | | | | | | Month and year started | | Month and year awarded / expected | |
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| 5. Academic, Research and Other Relevant Work Experience | | | | | | |
| Position held and nature of work (begin with current)  Full Time–Part Time | | Organization and Department | | | Supervisor | Period  (mm/yyyy-mm/yyyy) |
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| If there has been any interruption in pursuit of your scientific career either in or subsequent to training, provide explanation. List the period and reason for interruption. | | | | | | |
| 6. Scholarships and other awards held (start with most recent) | | | | | | |
| **Name of Award** | Value  (CDN$) | | Level  Institutional, Provincial,  National,  International | Type  Academic,  Research,  Leadership,  Communication | Location of Tenure | Period Held  (mm/yyyy-mm/yyyy) |
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| 7. Describe your proposed career path and motivation, explaining how this project will help you achieve this goal. (Maximum 1 page) |
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| 8. Membership in professional and scientific societies |
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| 9. Publications |
| a) TOTAL number of: Papers       Abstracts b) List all publications – include all authors, title and journal citation information starting with the most recent. Please separate list using the following 4 specific headings: (1) “*Peer Reviewed Papers: Published & in Press*”, (2) “*Submitted papers* (confirmation letter from journal should be appended)”, (3) “*Abstracts*”, and (4) “*Non-peer Reviewed Publications*” Do NOT include papers “In Preparation”. For multi-authored papers on which you are NOT primary author, please specify the details of your contribution. |
| History  Papers - Peer Reviewed Published and In Press: |
|  |
| Papers - Peer reviewed Submitted: |
|  |
| Abstracts: |
|  |
| Non-Peer Reviewed (e.g. Books/Book Chapters/Proceedings): |
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| 10. Progress Report (Not to exceed ONE page) |
| Applicants are encouraged to summarize their research experience and specify how it will be relevant to this application. |
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| 11. Structured Lay Summary (Not to exceed ONE page – you may delete the instructions below) | |
| The CLA places a high priority on ensuring that the research it funds is relevant to its mission.  Using the outline provided below, provide a lay summary of the research proposal in non-scientific, everyday language at a level no greater than Grade 8. Use analogies, simplifications, and generalizations rather than scientific and technical terms. **Applications without a response to each sub-section will be considered incomplete. The Lung Association reserves the right to decline incomplete applications.**  This summary will facilitate communications to the public and our donors about the research supported by the Canadian Lung Association | |
| a) Statement of the health problem or issue | |
|  | |
| b) Objective of your project | |
|  | |
| c) Describe your research methodology | |
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| 1. What is unique / innovative about your project? | |
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| 1. A clear and concise description of how the proposed research is relevant to the Lung Association’s mission statement, i.e. how will the outcomes of your project improve the lung health of Canadians.   *The mission of The Lung Association is to lead nationwide and international lung health initiatives, prevent lung disease, help people manage lung disease and promote lung health.* | |
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| 12. Proposed Research (2 pages including figures, tables, and photos). References are excluded from the page limit. | | |
| Describe the rationale, hypothesis, objective and experimental approach of the proposed research and the timeline. Be sure to clearly indicate the aspects of the project for which you will be responsible. Condensed type or spacing will not be acceptable. No photo-reduction except for figures. Tables, photos, and figures count towards the page limit. References are excluded from the page limit. | | |
|  | | |
| The summary of research proposal was written by:  Candidate  Proposed supervisor(s)  Both | | |
| The undersigned agree that this accurately describes the training program. | | |
| Primary Supervisor | Secondary Supervisor | Candidate |
| Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| 13. Supervisor Section (Not to exceed ONE (1) page) |
| The Supervisor provides an overview of the research and academic training environment. Please give details of resources, programs, technologies, etc. made available to the candidate, and of any specific knowledge and skills to be acquired. In addition, give your specific involvement in applicant training. Indicate what will be the contribution of the applicant to the proposed research. If more than one student or fellow will be carrying out research using the same research project, describe the role of each student or fellow in the overall plan.  The role of all co-supervisors must be clearly stated and an estimate of the percentage of time spent supervising the applicant must be given.  Please attach a printed copy of the supervisor’s (and co-supervisor’s, if applicable) Common CV to the end of this application form |
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| 14. Ethical and Safety Considerations | | | | |
| Assurance is given that any human experimentation will be acceptable to the institution on ethical grounds and comply with the “Tri-Council Policy Statements: Ethical Conduct for Research Involving Humans” 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”. In addition, any research involving human pluripotent stem cells must adhere to the “Human Pluripotent Stem Cell Research: Guidelines for CIHR-funded Research”. Funding will not be released until evidence of institutional is approved. Does this research involve any:  Human subjects  Human pluripotent stem cells  Animals  Not applicable  If applicable,  Form Included  Form to be sent | | | | |
| 15. References | | | | |
| You are required to have two (2) individuals (your Ph.D. supervisor and postdoctoral supervisor or equivalent) whose assessments accompany this application complete a **Referee Assessment Form** directly to The Lung Association – National Office. These references are confidential. **Reference letters are not acceptable.** | | | | |
| **Professional Reference 1:** | | | | |
| **Name:** |  | | | |
| **Title:** |  | | | |
| **Relationship to Applicant:** |  | | | |
| **Mailing Address:** |  | | | |
| **Phone:** |  | | **Email:** |  |
| Professional Reference 2: | | | | |
| **Name:** |  | | | |
| **Title:** |  | | | |
| **Relationship to Applicant:** |  | | | |
| **Mailing Address:** |  | | | |
| **Phone:** |  | **Email:** | |  |

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| 16. Submission Checklist | |
| Tasks (all applicants) | Completed |
| Completion of the **BAO: Fellowship and Studentship Application form** (sections 1 to 16). Please check appropriate award being applied. |  |
| Proof of Completion of MD or PhD. (If completed in time for nomination) |  |
| Copies of residency documents or proof of status for applicants who are not Canadian citizens |  |
| Up-to-date certified true copies of transcripts, degree certificates, registration certificates, etc. are attached for all relevant degrees and qualifications |  |
| Attach a printed copy of the supervisor’s Common CV |  |
| Signatures |  |
| Completion and submission of the information for **References** (section 15) and **Referee Assessment** **Forms**.  These references are **confidential** and completed assessment forms are to be emailed directly to: [crobichaud@lung.ca](mailto:crobichaud@lung.ca).   1. Referee # 1 :   Reference information (section 15)  Referee Assessment Form   1. Referee # 2:   Reference information is (section 15)  Referee Assessment Form | Included:  To be sent:  Included:  To be sent: |
|  | |
| **17. Submitting your application:** | |
| **Submit Application:**   1. Upload one (1) electronic copy of the application to: <https://form.simplesurvey.com/f/l/bao-trainee-competition-2017> by **February 28, 2018 by 3:30pm EST.**     Application Deadline: FEBRUARY 28, 2018 by 3:30pm EST | |