## 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:** | Please select the competition to which you are applying. If applying to BaO and BaO-CRRN awards please select both of the awards to which you are applying:  BaO: Studentship Award (PhD)  BaO: Fellowship Award (Post-Doctorate or MD Fellow)  BaO-CRRN: Studentship Award (PhD)  BaO-CRRN: 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?  yes  no | | If no, what year of doctoral studies will you be entering in September 2019 (Year 1, 2, 3)  Candidates are only eligible to apply for the Studentship Award in the first 3 years of their doctoral studies | | | | | | | |
| ***Did you include a letter (at the end of section 13) signed by your supervisor guaranteeing matching funds (see guidelines for formula) for the 2-year duration of the award*?**  yes  no  Please note that applicants who are unable to fulfill this requirement are not eligible for these awards | | | | | | | | | | | | | | | | | |
| 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:  Title: | | 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). The supervisor’s (and co-supervisor’s) signature also confirms the agreement to provide the required funding match (see guidelines for formula) and that the matched funds will be fully available for the two (2) year funding period. | | | | | | | | | | | | | | | | | |
| Signature of Applicant: | |  | | | | | | | | | | Date: | | | | | |
| Supervisor’s Signature | | | | | | | | | | | | | | | | | |
| Supervisor’s Name: | | Signature: | | | | | | | | | | Date: | | | | | |
| Co-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 Held  (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 one (1) page, single-spaced, Arial 12-pt font, 1-inch margins) |
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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: |
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| Papers - Peer reviewed Submitted: |
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| Abstracts: |
|  |
| Non-Peer Reviewed (e.g. Books/Book Chapters/Proceedings): |
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| 10. Progress Report (Maximum one (1) page, single-spaced, Arial 12-pt font, 1-inch margins – you may delete the instructions below) |
| 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 (Maximum one (1) page, single-spaced, Arial 12-pt font, 1-inch margins – 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 (Maximum two (2) pages, single-spaced, Arial 12-pt font, 1-inch margins; including figures, tables, and photos, excluding references – you may delete the instructions below) | | |
| 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. | | |
|  | | |
| 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 (Maximum one (1) page, single-spaced, Arial 12-pt font, 1-inch margins – you may delete the instructions below) | |
| 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 include a letter signed by the supervisor guaranteeing matching funds (see guidelines for formula) for the 2-year duration of the award to the end of this section.** Please note that applicants who are unable to fulfill this requirement are not eligible for these awards.  Please attach a printed copy of the supervisor’s (and co-supervisor’s, if applicable) Common CV to the end of this application form. | |
|  | |
| **The undersigned agree(s) to provide the required funding match (see guidelines for formula) and that the matched funds will be fully available for the two (2) year funding period.** | |
| Primary Supervisor | Secondary Supervisor |
| Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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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 & BAO-CRRN: Fellowship and Studentship Application form** (sections 1 to 17 (& 18, if applicable)). 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 official or certified true copies of transcripts, degree certificates, registration certificates, etc. are attached for all relevant degrees and qualifications |  |
| A letter signed by the supervisor guaranteeing matching funds (see guidelines for formula) for the 2-year duration of the award |  |
| Attach a 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: [research@lung.ca](mailto:research@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 directly by referee:  Included:  To be sent directly by referee: |
| |  |  |  | | --- | --- | --- | | Additional task (BaO-CRRN Award applicants) | Completed | | | Completion of the CRRN Relevancy Form (see section 18 below) | |  | | |
| **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-2019>-applicationby **May 17, 2019 by 3:30pm EST.**     Application Deadline: May 17, 2019 by 3:30pm EST | |

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| 1. **Relevance to the Canadian Respiratory Research Network (Maximum one (1) page, single-spaced, Arial 12-pt font, 1-inch margins – you may delete the instructions below)** |
| Describe how your proposed project relates to ongoing CRRN projects and/or describe how you will develop linkages of your project with the CRRN. You can find information about the CRRN at: <http://www.respiratoryresearchnetwork.ca/> |
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