

**2007/2008 TRAINING PROGRAM**  
**COMPLETE AND FORWARD THIS SHEET WITH YOUR APPLICATION**

Name of Applicant \_\_\_\_\_

Date \_\_\_\_\_

**A. CONTENTS OF COMPLETE APPLICATION**

The original application and THREE (3) photographically duplicated copies must be assembled and submitted in the following order to GENESIS.

Page 1: Items 1 through 8 completed

Page 2: Items 9 through 12 completed.

Page 3: Items 13 through 15 completed.

Page 4: Items 16 through 19 completed.

Page 5: Nature of Research Project (Item 20).

**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)
- Referees' (2) and Supervisor's assessment forms in sealed envelopes.
- Up to three related publications by the applicant (where available).
- Stamped, self-addressed envelope, in order to acknowledge receipt of application.
- Letter from student explaining research interests, career plans and proposed supervisor

**C. MAILING**

Applications must be made on the prescribed forms and must be received by Monday October 1, **2007** @ 4:00 p.m. at the following address:

Attn: Dr. Louise Pilote,  
Director, Division of General Internal Medicine  
McGill University Health Center and McGill University  
687, av. des Pins Ouest, room A4.23  
Montreal (QC) H3A 1A1  
Phone : 514 934-1934 x 34667  
fax: 514 843-1676  
Email: [louise.pilote@mcgill.ca](mailto:louise.pilote@mcgill.ca)

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

# TRAINING PROGRAM

New

1<sup>st</sup> Renewal

1. Name of Applicant (in full) (LAST NAME, first name, initial)      Salutation      Date of Birth      Male      Female

2. Citizenship       Canada       Permanent Resident in Canada       Foreign

3. University Mailing Address      Telephone      Ext.  
Fax      E-mail

4. Present Position, Department, Institution and Date

5. a) Name agencies to which application for support has been made or will be made (attach signature page for each) - Optional

b) List current sources of funding and duration

6. a) Supervisor name, department and institution (with address) at which applicant has arranged to carry out research training

b) List no more than five key words which identify your research project

7. Level of studies for 2006/2007; Date Started \_\_\_\_\_  
 MSc    PhD    Postdoctoral fellow

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

Name

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

10. Education (where appropriate indicate Canadian equivalent)

Degree	Course	Supervisor	University	Year obtained
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11. Experience (academic, clinical and research)

Date	Position	Department	Institution
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I am eligible to practice medicine in Canada

Yes

No

12. Distinctions and awards

Name: \_\_\_\_\_

13. Membership in professional and scientific societies

14. Publications

- a) Papers, Abstracts, non-peer reviewed publications
- b) Of the above total, give details of the past five 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.

15. Permanent Address (do not use University address)

Name \_\_\_\_\_

16. 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 the GENESIS if such approval is not forthcoming.

Supervisor \_\_\_\_\_

Applicant \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

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

**18. APPLICANTS**

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

Applicant \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**19. 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 \_\_\_\_\_

20. The 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. **Applications should be single-spaced using a font no smaller than 12 point. Condensed type of spacing will not be acceptable. A margin of one inch around the page is needed.**

## ASSESSMENT OF CANDIDATE BY REFEREE

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

\_\_\_\_\_

2. *(To be completed by the referee)*

Please comment on: background preparation; industry / perseverance; motivation / initiative; organization ability; skill at research; judgement / critical sense; intellectual ability; originality (demonstrated); originality (potential) and indicate the period of time and in what capacity you have known the applicant.

Signature of referee

Name of referee

Date

Position / Department / Institution

This document and THREE (3) 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.

# SUPER

## SUPERVISOR'S ASSESSMENT OF A CANDIDATE FOR A RESEARCH TRAINING PROGRAM

**THIS EVALUATION CONSISTS OF TWO PARTS: (A) Rating Form (B) Letter of Support BOTH MUST BE COMPLETED.**

The information provided on this form is important to GENESIS in evaluating the suitability of the candidate for training in research in cardiovascular disease. You are therefore asked to give detailed information (both pro and con) about the candidate. The Canadian Privacy Act stipulates that, in response to a specific request by the candidate, GENESIS must make available a copy of your assessment.

(A) Check the boxes that most nearly represent your opinion of the candidate in comparison with a representative group of individuals you have known who have had approximately the same training and experience.

(B) The letter should be typed in black as the material must be duplicated for the peer review process.

The original and THREE (3) copies of the assessment form and the letter are to be returned, in a sealed envelope, to the candidate who will forward them as part of his / her Award application. Candidates need your support to ensure that the material is returned to them in a timely manner to complete their application package.

A.	Exceptional		Excellent		Very Good	Good	Acceptable	Unable to judge
	Upper 2%	Upper 10%	Upper 15%	Upper 20%	Upper 33%	Upper 50%	Lower 50%	
Background preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Industry / perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation / Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skill at research (demonstrated)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skill at research (potential)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgement / critical sense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Originality (demonstrated)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Originality (potential)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervisory skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent research (potential)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent research (demonstrated)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Supervisor

Name of Candidate

Signature of Supervisor

Date