




**TRAINING MODULE**

| Program(s)  | CIHR                     | Rx&D*                    | SME*                     | Partnership Programs     | Michael Smith Award      | Proposed Start Date (MM/YYYY)   |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|
| Doctoral Research Award                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Competition Date:   |
| Fellowship  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| Operating Fellowship  |                          | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          | Have you applied to this program in the last two years?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Senior Research Fellowship (Phase 1)**                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |   |
| Clinician Scientist (Phase 1)**                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |   |
| New <input type="checkbox"/> Renewal <input type="checkbox"/> |                          |                          |                          |                          |                          |   |

\* A letter of intent to CIHR must precede submission to these programs.

\*\* These programs require nomination by a Canadian Institution.

**Candidate**

Surname \_\_\_\_\_ Given Names \_\_\_\_\_

**Citizenship:**     Canadian       Permanent Resident       Other:

**1 Primary Supervisor:**      Surname \_\_\_\_\_      Given Names \_\_\_\_\_

**2 Co-Supervisor (if applicable):**      Surname \_\_\_\_\_      Given Names \_\_\_\_\_

**Location where research will be conducted**

Institution / Organization \_\_\_\_\_ Department \_\_\_\_\_

Faculty / School \_\_\_\_\_ Institution which will administer the funds \_\_\_\_\_

Period of support requested:       Years     Months      Language in which proposal is written:       English     French

**Descriptors:** (Provide up to 10 keywords to describe this research project)

**Project Title**

It is agreed that the general conditions governing Grants and Awards as well as the statements "Meaning of Signatures on Application Forms" as outlined in the Canadian Institutes of Health Research Grants and Awards Guides apply to any grant or award made pursuant to this application and are hereby accepted by the candidate and the candidate's institution.

**Signatures**

| Candidate   | Primary Supervisor and Co-Supervisor (if applicable) | Head of Department at Proposed training location |
|-------------|--|--|
| Name: _____ | Name: _____  | Name: _____                                      |
| Date: _____ | Date: _____  | Date: _____                                      |

Name of candidate

**Degree in progress**

| Degree Type | Degree Name | Department | Institution | Start date (MM/YYYY) | Expected date of completion (MM/YYYY) |
|-------------|-------------|------------|-------------|----------------------|---------------------------------------|
|             |             |            |             |                      |                                       |

| Qualifications, certificates and licenses in progress | Start date (MM/YYYY) | Expected date of completion (MM/YYYY) |
|---|----------------------|---------------------------------------|
|   |                      |                                       |

With this award, are you proceeding or planning to proceed to any additional degree, diploma, specialty certification?

No  Yes  (please specify)

**Degree sought**

| Degree Type | Degree Name | Department | Institution | Start date (MM/YYYY) | Expected date of completion (MM/YYYY) |
|-------------|-------------|------------|-------------|----------------------|---------------------------------------|
|             |             |            |             |                      |                                       |
|             |             |            |             |                      |                                       |

**Sponsors**

Candidates must ask three individuals to provide assessments on their behalf using the appropriate CIHR forms. Additional assessments will not be considered. These should include (if applicable) assessments from each of your two most recent research supervisors. For Postdoctoral and Senior Research (Phase 1) Fellowship candidates, one of these assessments should be from your PhD supervisor (if applicable). Give the names of the individuals whose assessments accompany this application.

| Name of Sponsor / Relationship to Candidate | Current Position Held | Institution |
|---|-----------------------|-------------|
| 1.  |                       |             |
| 2.  |                       |             |
| 3.  |                       |             |

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Name of candidate

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**Training Expectations** (one additional page may be added)

Doctoral Research Award: Provide an overview describing how the training you expect to acquire will contribute to your future research achievements and productivity.

Fellowship and Senior Research Fellowship: Provide an overview of how your previous research training relates to the present proposal and elaborate on your career goals. Describe how the training you expect to acquire will contribute to your future research achievements and productivity and how this award will enable you to establish yourself as an independent investigator. In addition, if you are planning to hold this award in the same institution where you completed your PhD, please justify.

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Name of candidate

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**Proposed Training Program**

This section should be completed in collaboration with the proposed supervisor. **Both the candidate and the proposed supervisor must sign on page 8 to confirm the accuracy of the proposed training program.**

**a) Project Title**

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**Summary of the research project**

Include specific hypothesis of research and describe the candidate's role on the project. This summary should be written in general scientific language. For Doctoral Research Awards and Fellowships no additional pages may be added (one page total). For Clinician Scientists (Phase 1), Senior Research Fellowships (Phase 1) and Operating Fellowships, a minimum of 3 pages is required with a maximum of 6 pages are allowed. Page limits include references.

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Name of candidate

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b) Describe the space, facilities and personnel support which will be available to the candidate. No additional pages may be added.

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c) Describe all activities to be undertaken by the candidate other than direct work on the proposed research project (i.e. teaching, courses, supervision, seminars, clinical activities). Indicate the percentage of time to be spent on each activity using whatever timeframe (per week / month / year) that best describes the involvement.

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**The summary of the research project was written by:**

Candidate  Proposed Supervisor(s)  Both

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**The undersigned agree that this accurately describes the training program proposed.**

Primary Supervisor

Co-Supervisor

Candidate