**OIRM Fellowship Award – Application Form**

**Application Form**

OIRM is seeking the very best candidates with outstanding potential to be independent leaders in the stem cell and regenerative medicine community. The OIRM Fellowship Award is now open to basic research trainees (PhD), as well as, health professional trainees (MD, DVM and DDS). Other health professions should contact [OIRM](mailto:oirmPDF@oirm.ca) regarding eligibility prior to applying. Please read the complete guidelines before completing this application.

The supervising PI must be a member of OIRM and have a primary, full-time faculty appointment at an Ontario University or affiliated Research Institute. Prior to completing this application, you must contact the OIRM PI of interest to collaborate on the development of your research project. Once the PI has agreed to sponsor you, complete Section 1 and finalize supporting documentation in Section 2. The completed application and supporting documents should be provided directly to your proposed PI, who will sign off on the application and submit the application package on your behalf to OIRM for peer review.

***The PI of interest must submit the application and supporting documents by Friday January 11, 2019 by 4:00 pm to*** [***OIRMPDF@oirm.ca***](mailto:OIRMPDF@oirm.ca)***.***

**SECTION 1: Personal Information**

**Surname:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Given Names**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title:** **Gender:**

⬜ Dr. ⬜ Female

⬜ Ms. ⬜ Male

⬜ Miss ⬜ Other

⬜ Mrs.

⬜ Mr.

⬜ Other, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Citizenship: Applicant Type:**

⬜ Canadian ⬜ Research Fellow (First PDF)

⬜ Landed Immigrant (in Canada) ⬜ Research Fellow (2nd PDF)

⬜ Other, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ⬜ Clinical Fellow

Please Specify whether an MD, DVM or DDS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your Current Home Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Your Current Phone (+ country code):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your Current Email address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Position:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Institution:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Institution Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Please complete the following as applicable to your application type:**

**Research Fellow:**

**Date of PhD completion** (or estimated date of completion): *ex.* *March 27, 2017: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Institution where PhD was completed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of completion** **of first PDF**: *ex.* *March 27, 2017: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Institution and PI where first PDF was completed (if applicable):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Justification for second PDF, if applicable (max 200 words):** A strong justification will be required for applicants applying for a second PDF. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Clinical Fellow:**

**Date that clinical training (MD, DVM, DDS) was completed** (or estimated date of completion): *ex.* *March 27, 2017***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Institution where clinical training was completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Summary of previous training, please include institutions and dates:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Other Sources of Funding (**please indicate any additional sources of funding)**:**

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**Proposed Research Project:**

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| --- |
| Title of Project: |
| Proposed Start Date (must be in 2019): |
| Proposed Supervising PI and Institution/Institute: |

**Health Charity Partnerships:**

OIRM has partnerships with several health charities. If this application has a disease-specific focus, it may be eligible for joint funding with a health charity partner. Please tick if any of the following apply to this application:

⬜ Arthritis ⬜ Cystic Fibrosis ⬜ Parkinson’s Disease

⬜ Blood Diseases ⬜ Muscular Dystrophy ⬜ Vision Loss or Blindness

⬜ Cardiovascular Disease ⬜ Multiple Sclerosis ⬜ Other, Please Specify:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant Signature Block:**

|  |
| --- |
| *I certify to the best of my knowledge, all of the information in this application is accurate.*  ***Signature: Date:*** |

**Supporting PI Signature Block:**

|  |
| --- |
| *I support this application to the OIRM Fellowship Program and will supervise this candidate in my lab for the duration of their fellowship.*  ***Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***Signature: Date:*** |

**\*Please note there is a limit of one candidate submission per PI. Please submit application form and supporting documents, in a single PDF (max 7MB), if this is not possible, please submit two PDFs labeled Part I & Part II. PI’s must submit application on behalf of your candidate by Friday January 11, 2019 (4:00 pm ET)**. **Applications should be submitted to:** [oirmPDF@oirm.ca](mailto:oirmPDF@oirm.ca)

**SECTION 2: Supporting Documentation**

Applications should use single spaced, Calibri (minimum size 11) font, with 1-inch margins, and name the file using the Applicants Surname (i.e. Smith – PDF.pdf). Please adhere to word and page counts where stated, any content that exceeds these counts will be deleted from the final document provided to reviewers.

**Please include the following with your application:**

**⬜** Detailed Curriculum Vitae of the applicant including education, academic achievements and relevant research/work experience, please provide dates and locations [limit of 2 pages]

⬜ Provide a list of your research publications; only include work that has been published or are in press. Please use Harvard style referencing [no page limit]

⬜ An outline of your research proposal that will be completed in collaboration with your proposed OIRM PI. This should include any preliminary findings, a brief outline of the proposed project, and the expected deliverables of the project [limit of 2 pages including tables and figures]; maximum of 50 references using Harvard style referencing [limit of 2 pages]

⬜ Biosketch (NIH or equivalent) max of 3 pages and list of relevant publications for the last 3 years for the supervising PI

⬜ Reprints of your published papers.

⬜ Letter of support from your PhD/research supervisor [limit of 1 page]

⬜ Second letter of support from either;

* + OIRM supervisor (if current position has been held for longer than 3 months)
  + Previous graduate committee or another department member (if current position has been held for less than 3 months)
  + Clinical fellows must submit a letter of support from their institution/institute stating the time allocation dedicated to research activities