##### Graduate Fellowship Program 2020 Application Form

###### Overview

Applicants are advised to review the Canadian Blood Services’ Graduate Fellowship Program Guidelines to ensure alignment of their applications with the program objectives, research priorities, and eligibility criteria.

The complete application package must be delivered to Canadian Blood Services by 11:59PM November 15 2020.

###### Instructions

It is the applicant’s responsibility to ensure that the complete Application Package is delivered by the application deadline. All documents must be delivered by email to [centreforinnovation@blood.ca](mailto:centreforinnovation@blood.ca).

The submitted Application Package must include the following documents:

1. **Completed Application Form:** A single file consisting of the completed 2020 Application Form using the pre-formatted settings. Ensure that all fields are complete, including signatures, before submitting the application.
2. **Supporting Documents**
   1. **Applicant CV:** A Canadian Common CV (<https://ccv-cvc.ca/>) in the **CIHR Academic format** for the applicant or the completion of the tables in Section B within this Application Form. For an application to be considered complete, either a Common CV must be included with the application or Section B must be completed.
   2. **Publications:** Copies of publications that have been published, accepted, or submitted must be provided.
   3. **Letters of Support:** Letters of support from three (3) referees, on institutional letterhead and signed. The letters must be emailed by the referees directly to [centreforinnovation@blood.ca](mailto:centreforinnovation@blood.ca) by the application deadline. See Section B for details.
   4. **Primary Academic Supervisor CV:** A completed Canadian Common CV (<https://ccv-cvc.ca/>) in the **CIHR Academic format** for the proposed primary academic supervisor. The Common CV must be emailed as a PDF file, with the letter of support, directly to centreforinnovation@blood.ca by the application deadline date. See Section D for details.
   5. **Official Transcripts:** For each university attended, one official transcript must be submitted. All transcripts must be received by Canadian Blood Services by the application deadline. Universities or applicants must send electronic transcripts directly by email to [centreforinnovation@blood.ca](mailto:centreforinnovation@blood.ca). If the university is unable to provide electronic transcripts directly, the applicant must send scanned versions of the official transcript(s). Canadian Blood Services reserves the right to request physical copies of any scanned versions of official transcripts at any time. See Section B for details.

###### Section A: General Information

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **APPLICANT** | | | | | | | |
| Family name: |  | | | Given Name(s): | | |  |
| **PRIMARY SUPERVISOR** | | | | | | | |
| Family Name: |  | | | Given Name(s): | | |  |
| Academic Institution: | |  | | | | | |
| **CO-SUPERVISOR (if applicable)** | | | | | | | |
| Family Name: |  | | | Given Name(s): | | |  |
| Academic Institution/Organization: | | |  | | | | |
| **INSTITUTION AFFILIATION** | | | | | | | |
| Institution/Organization where research will be conducted: | | | | | |  | |
| Faculty/School/Department where research will be conducted: | | | | | |  | |
| Name of Institution that will administer the funds (Institution paid): | | | | | |  | |
| **PERIOD OF SUPPORT REQUESTED** | | | | | | | |
| The Canadian Blood Services Graduate Fellowship Award is for a minimum of two (2) years and a maximum of four (4) years with a requirement for successful renewal at two (2) years to extend to the maximum of four (4) years. | | | | | | | |
| Indicate the number of years of support you are applying for: | | | | |  | | |
| Indicate the proposed start date *(*yyyy/mm/dd*)* for the fellowship: | | | | |  | | |

|  |  |  |
| --- | --- | --- |
| **AGREEMENT** | | |
| The undersigned agree that general conditions governing the Canadian Blood Services Graduate Fellowship Program, as set out in the Guidelines, are accepted by the applicant, the proposed primary academic supervisor, and the institution. It is the applicant’s responsibility to ensure that all applicable signatures are obtained by the deadline date.  Signatures: | | |
| Applicant | Primary Academic Supervisor | Head of department at institution paid |
| Name:  Date: | Name:  Date: | Name:  Date: |

###### Section B: Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **APPLICANT** | | | | | |
| Family name: |  | | Given Name(s): | |  |
| Citizenship: | Canadian  Permanent Resident  Temporary Resident: Effective date:  (Provide effective date and attach copy of visa/study permit) | | | | |
| Gender: | Male  Female  Self-Identify  Prefer not to answer | | | | |
| Mailing Address: |  | | | | |
| Phone: |  | | | | |
| University Email: |  | | | | |
| Alternate Email: |  | | | | |
| Note: Acknowledgement of receipt of this Graduate Fellowship Program application will be made by email to the above email addresses. | | | | | |
| ENROLLMENT IN MSc and PhD PROGRAM | | | | | |
| Priority will be given to applicants enrolled in a PhD Program. However, applications from applicants enrolled in an MSc Program will be considered, in particular if, at the applicant’s institution, it is not possible to register directly in the PhD stream. | | | | | |
| Program you are enrolled in: | | | | PhD Program  MSc Program | |
| Program Name: | |  | | | |
| Institution Name: | |  | | | |
| Start date of PhD or anticipated date of transfer to the PhD stream (YYYY/MM/DD): | | | |  | |
| Expected date of completion of PhD (YYYY/MM/DD): | | | |  | |

|  |
| --- |
| TRAINING EXPECTATIONS |
| **In the space provided**, describe how the training you expect to acquire will contribute to your future research achievements and productivity and elaborate on your immediate and long-term career goals. Indicate how the Canadian Blood Services Graduate Fellowship will facilitate these plans. If you have previous research training, provide an overview of how it relates to the present proposal. |
|  |

|  |
| --- |
| ACADEMIC AND PROFESSIONAL ACHIEVEMENTS |
| We encourage you to submit a Canadian Common CV (https://ccv-cvc.ca/) in the **CIHR Academic** format. After completing your Common CV, and submitting your validated CV online to CIHR, save the **CIHR Academic Common CV** as a PDF file and provide with your application, along with a copy of your peer-reviewed publications (published, accepted, or submitted). If you are not able to provide a Common CV, complete tables 1 to 6 below. |
| **1. Academic Information** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Dates Attended (yyyy/mm/dd) | | Institution | Field | Degree obtained or expected |
| From | To |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

*Insert rows as needed*

|  |
| --- |
| 2. Research Training |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Dates Attended (yyyy/mm/dd) | | | Institution | Department | Supervisor |
| From | | To |
|  |  | |  |  |  |
|  |  | |  |  |  |
|  |  | |  |  |  |
|  |  | |  |  |  |

*Insert rows as needed*

|  |
| --- |
| 3. Professional Experience (last 5 years) |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Dates (yyyy/mm/dd) | | Institution | Department | Supervisor |
| From | To |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

*Insert rows as needed*

|  |
| --- |
| 4. Other Relevant Work Experience |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Dates (yyyy/mm/dd) | | Institution | Department | Supervisor |
| From | To |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

*Insert rows as needed*

|  |
| --- |
| 5. Awards / Grants / Scholarships Held |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Funding Period (yyyy/mm/dd) | | Funding Agency | Type of Award / Grant / Scholarship | Amount |
| From | To |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

*Insert rows as needed*

|  |
| --- |
| 6. Publications and Presentations, including Master’s Thesis, if applicable. |
| a) Peer-reviewed publications  List peer-reviewed publications (include authors, title, year, journal, volume, pages) and provide a copy of your publication(s) with your application if published, accepted, or submitted. |
|  |
| b) Other publications  List other publications (include authors, title, year, journal, volume, pages) and provide a copy of publication(s) with your application if published, accepted, or submitted. |
|  |
| c) Abstracts  List abstracts (include authors, title, year, journal, volume, pages) and provide a copy of abstract(s) with your application if published, accepted, or submitted. |
|  |

|  |
| --- |
| TRANSCRIPTS |
| List the transcripts supporting this application.  For each university attended, one official transcript must be submitted. All transcripts must be received by Canadian Blood Services by the application deadline. Universities or applicants must send electronic transcripts directly by email to centreforinnovation@blood.ca. If the university is unable to provide electronic transcripts directly, the applicant must send scanned versions of the official transcript(s). Canadian Blood Services reserves the right to request physical copies of any scanned versions of official transcripts at any time. |
|  |

|  |  |  |
| --- | --- | --- |
| REFEREES | | |
| List three (3) referees you have asked to provide a sponsors’ letter in support of this application.   * One letter must be from the applicant’s primary academic supervisor. * One letter must be from the applicant’s master’s supervisor, if applicable. * Other letters may be from co-supervisor(s), members of supervisory committees, or other individuals who can comment on the applicant’s academic or research-related attributes.   The letter must identify how the referee knows the applicant and their opinion of the applicant’s strengths and weaknesses, as well as the applicant’s suitability for the Graduate Fellowship Program. The letter must be on institutional letterhead and signed.  It is the applicant’s responsibility to ensure that the referees provide the letters to Canadian Blood Services by the application deadline. Letters must be emailed directly to centreforinnovation@blood.ca. | | |
| **Referee Name** | **Current Position/Title** | **Institution Name** |
|  |  |  |
|  |  |  |
|  |  |  |

###### Section C. Proposed Training Program

*This section should be completed by the applicant in collaboration with the primary academic supervisor (and co-supervisor, if applicable).*

|  |  |
| --- | --- |
| PROJECT TITLE (max. 80 characters) | |
| Be brief, capture the essence of what is to be done/found | |
|  | |
| **ABSTRACT OF RESEARCH PLAN** | |
| **In 200 words maximum**, summarize, in elementary terms understandable to the lay audience, the long-term objectives and scientific methodology of the research project. Describe how the research is translatable to human health and in particular in the areas of transfusion or transplantation. Relate how the goals of the proposal may benefit Canadians in the long term. **Note that Canadian Blood Services may share this abstract on its website.** | |
|  | |
| **DETAILED RESEARCH PROPOSAL** | |
| **In two (2) pages maximum,** describe the proposed research, including the following mandatory sub-sections:   1. Background and hypothesis: Provide the research question(s) and hypothesis; 2. Objectives: Identify the specific project objectives and identify the objectives for which the applicant is responsible; 3. Methodology: Describe the methodology and novelty of approach/applications to be used by the applicant to achieve the proposed objectives; 4. Timelines and milestones: Identify the anticipated milestones for the project and provide an estimated timeline for achieving the milestones over the course of the award; 5. Relevance to the Research Priorities: Describe how the project objectives are relevant to the research priorities of the Graduate Fellowship Program; 6. Relevance to Canadian Blood Services: Describe how the project objectives are relevant to the mission of Canadian Blood Services.   Up to 10 key references may be provided and are included in the two (2) page limit. | |
|  | |
| **RESEARCH ENVIRONMENT** | |
| **In 150 words maximum**, describe the space, facilities, personnel support, resources, and programs that will be made available to the applicant. If it is not obvious from the supervisor’s Common CV, include information about operational funds available to cover the project’s consumables. | |
|  | |
| **TRAINING ENVIRONMENT** | |
| **In 150 words maximum**, describe all activities to be undertaken by the applicant in addition to direct work on the proposed research project (e.g., teaching, courses, supervision, seminars). | |
|  | |
| **LINK TO OTHER CANADIAN BLOOD SERVICES FUNDING** | |
| If the proposed project is linked/related to another Canadian Blood Services grant or award, specify the title of the project and name of the project leader. | |
| Project Title: |  |
| Project Leader: |  |

|  |  |
| --- | --- |
| **HEALTH AND SAFETY CERTIFICATION** | |
| Please indicate if the proposal involves the following. Please note that this information is used for administrative purposes to ensure that research ethics approvals are in place prior to the release of funds to successful applicants. This information is not used to evaluate the merit of the application. | |
| **Biohazards** | |
| Pathogenic agents | Yes  No |
| Containment level required: | 1  2  3  4  None |
| Recombinant genetics | Yes  No |
| Containment level required: | 1  2  3  4  None |
| Radioisotopes | Yes  No |
| Containment level required: | 1  2  3  4  None |
| **Human Experimentation** | |
| Has ethics approval been applied or obtained? | Yes  No  Not applicable |
| **Animal Experimentation** | |
| Has ethics approval been applied or obtained? | Yes  No  Not applicable |

|  |  |
| --- | --- |
| SEX AND GENDER | |
| Sex and gender must be considered when developing the research proposal. Visit the [CIHR](http://www.cihr-irsc.gc.ca/e/32019.html) website for resources to help with incorporating sex and gender into research design. | |
| Are sex (biological) considerations taken into account in this proposal? | Yes  No |
| Are gender (socio-cultural) considerations taken into account in this proposal? | Yes  No |
| Describe how sex and/or gender considerations will be considered in your research proposal: | |
|  | |

###### Section D. Primary Academic Supervisor Information

|  |  |  |  |
| --- | --- | --- | --- |
| SUPERVISOR | | | |
| Family name: |  | Given Name(s): |  |
| University Mailing Address: |  | | |
| Phone: |  | | |
| Email: |  | | |
| **ACADEMIC INSTITUTION AFFILIATION** | | | |
| University: |  | | |
| Department: |  | | |

|  |
| --- |
| ACADEMIC AND PROFESSIONAL ACHIEVEMENTS |
| As a separate document, provide a Canadian Common CV ([https://ccv-cvc.ca/](http://www.commoncv.net)) in the **CIHR-Academic format** for the primary supervisor. After validating and submitting the CV online to CIHR, save the CIHR-Academic Common CV as a PDF file and provide with your support letter (See Section B). |