**GRADUATE STUDENTSHIP APPLICATION FORM
Competition Year: 2020**

**1. Project Title:**

 **Indicate the category of studentship you are applying for:**

**2. Applicant:**

 Name:

 Institution:

 Department and Faculty:

 Email:

 Mailing address:

 Tel:

 Citizenship:

If not Canadian, status in Canada:

**3. Supervisor:**

 Name of supervisor:

 Institution:

 Department and Faculty:

 Email:

 Mailing address:

 Tel:

 Member of the Canadian Association for the Study of the Liver (CASL): [ ]  **Yes** [ ]  **No**

 **3a**. Name of **payee institution** (University, Hospital, Research Centre) and the address of the grant

 administration office to which the funds will be sent, should this award be granted.

**4. Education/Training**

Indicate the graduate degree in which you propose to register during the tenure of the award:

Proposed date of commencement of research training (year, month):

Expected completion date of research training (year, month):

 Do you currently hold, or have you applied for awards from any other granting agency(ies)? [ ]  **Yes** [ ]  **No**

If yes, give year and name of award(s):

Degrees and diplomas held or currently being completed by applicant (Academic transcript required). Give institution, discipline of study and expected completion date, if applicable.

University Academic Achievements: List prizes, honours and awards held by applicant, including year and grantor:

List chronologically all research and academic experience, including dates, position held, institute and the supervisor’s

name:

**5. Applicant’s Publications**

List full-length papers and book chapters published or in press, abstracts or oral presentations. Please provide the complete list of authors and inclusive pagination.

**6. Career Objectives**

 Briefly describe your career objectives and the relevance of this research training to these objectives. Limit to one page.

**7. Referees**

List the names of the three referees asked to complete the **Referee’s Assessment Form**. Please include the name of their affiliated institution, telephone number, and email.

Name:

Relationship:

Institution:

Tel:

 Email:

Name:

Relationship:

Institution:

Tel:

 Email:

 Name:

 Relationship:

 Institution:

Tel:

Email:

**To be completed by the applicant and/or supervisor:**

**8. Lay abstract:**

Provide an abstract suitable for members of CLF. 150 word limit.

**9. Summary of Research Proposal:**

Highlight the hypotheses and objectives of the research proposal of the proposed research project. Limit one page.

**To be completed by the supervisor:**

**10. Importance of the project:**

Briefly describe (a) the importance of the proposed project to medical science and the on-going research program of your laboratory, (b) any special qualities or contributions the applicant is expected to bring to the research project, (c) an estimate of time you expect to devote to and the form of contact to be used in the supervision of the applicant. Limit to one page only.

**11. Sponsoring Supervisor’s Research Trainees**

List all currently supervised and co-supervised trainees, using the following format.

Surname and Initial:
BSc/MSc/PhD/PostDoc:

Project Title:

Source of Support:

Completion Date of Training:

**12. Sponsoring Supervisor’s Research Grants**

List all competitively-funded Research Grants held during the last five years, using the following format.

Funding agency:

Type of Grant:

Project Title:

Support period (months/years):

Amount per year:

**13. Sponsoring Supervisor's Publications:**

List only full-length papers and book chapters published or in press, within the last five years. Do not include abstracts or oral presentations. Please provide the complete list of authors and inclusive pagination.

**14. Signatures**

**Applicant:**

I certify that the information in this application is complete and true and I will provide supporting evidence where required.

**Name of applicant:**

**Signature of applicant:**

**Date:**

**Sponsoring Supervisor Declaration:**

If a Graduate Studentship is awarded to this applicant, I will undertake supervision of the applicant during the

term of the award and ensure compliance with the conditions of the award.

**Name of supervisor:**

**Signature of supervisor:**

**Date:**

**Signatures of Officials of the Sponsoring Institution**

**Faculty Dean/Head of Research Institute:**  **Date:**

**Department Chair/Head:**  **Date:**

**Referee’s Assessment Form**

*The information provided on this form is most important to the Canadian Liver Foundation (CLF) in evaluating the suitability of the applicant for research training. The confidentiality of the information provided will be maintained by the CLF and released only with the consent of the referee. This completed form should be emailed to* *researchgrants@liver.ca*

Applicant name:

Indicate the period of time and the capacity in which you have known the applicant.

Check the boxes that most accurately represent your opinion of the applicant in comparison with a representative group of individuals you have known who have had approximately the same training and experience.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Top 5%(ExceptionalApplicant) | 10% | 20% | 50%(AverageApplicant) | Below 50% | Unable to Judge |
| BackgroundPreparation | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| IndustryPerseverance | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| OrganizationalAbility | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Skill at Research(Demonstrated) | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Skill at Research(Potential) | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| JudgmentCritical Sense | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Intellectual Ability | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Originality (Demonstrated) | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Originality (Potential) | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

Give your overall assessment of the applicant relative to others having the same training.

 Upper 5% [ ]  Upper 20% [ ]  Lower 50% [ ]

Upper 10% [ ]  Upper 50% [ ]  Unable to Judge [ ]

Elaborate on the applicant’s performance during clinical and/or research training, on the basis of which you have arrived at your assessment. Limit to one page.

**Name of referee:**

**Position, Department and Institution:**

**Signature of referee:**

**Date:**