



MEDICINE

**DEPARTMENT OF MEDICINE
RESEARCH AWARDS PROGRAM**

**The John Alexander Stewart Fellowship
Application for**

Instructions:

It's recommended that you first download/save the PDF form to your computer or network drive, and then open it with Adobe Reader and fill it.

Few sections require additional information, kindly add that information on a separate document. Please indicate the section and the question number and attach with the final application form.

Submit one electronic application package (in one file) to Salwa Nihal at snc1@queensu.ca

The two referees suggested by the applicant will complete the assessment sheets and email it directly at snc1@queensu.ca

SECTION 1

1. Sur Name:

2. Given Name & Initials:

3. Title: Dr. Mr. Mrs. Ms. Miss

4. Date of Birth: _____

5. Citizenship Status: Canadian _____ Permanent Resident _____ Foreign _____

6. Current Mailing Address: _____

7. Permanent Address: _____

8. E-mail Address: _____

9. Telephone Number(s): _____

10. Details of Proposed Training:

i) Field of Study:

ii) Division within Medicine:

iii) Supervisor(s):

iv) Lay summary (100 words approximately) of proposed project:

11. Indicate the expected duration of your proposed training at Queen's University:

The undersigned agrees to abide by the Terms of Reference of this award. The undersigned also agrees to comply with the conditions governing research protocols outlined by Queen's University and the teaching hospitals and to obtain whatever hospital appointments are necessary for carrying out the intended research.

Signatures:

Applicant

Proposed Supervisor(s)

Date

Date

Submit one electronic application package (in one file) to Salwa Nihal at snc1@queensu.ca

SECTION 2

TO BE COMPLETED BY THE APPLICANT

1. List Degrees and Speciality Certifications. (Include those expected within the next 12 months)

Type	Institution	Speciality	Date

2. Postgraduate Experience:

List chronologically all postgraduate experience to date, indicating the title and dates of all appointments held, and the institutions concerned. In the case of research experience (Including M.Sc. and Ph.D. training) Also give the name of your supervisor, and the subject of your research.

3. Honours and Awards: List the undergraduate and postgraduate awards you have held, indicating the type and dates.

4. If applicable, please list any salary awards or salary support that you are currently receiving. Please provide details on amount, duration, and source of funding.

Amount	Duration	Source

5. Career Goals:

a) Are you proceeding, or planning to proceed, to any additional degree?

Yes _____ No _____

b) If so, specify degree, discipline, department, institution, and year expected:

6. What is the relevance of the proposed training on your future career goals?

7. Referees:

Give names and contact information of two individuals whom you have asked to complete the attached assessment sheets. These should be individuals under whom you have studied, and who have had a good opportunity to assess your research potential. If your proposed supervisor is also your current supervisor, he/she may act as a referee for this application, but you will need two referees in addition to your current supervisor.

1. _____

2. _____

8. Publications:

Attach a list of (a) papers, (b) book chapters, and (c) abstracts you have published and/or submitted, giving the titles, references, and co-authors (if any). For publications with multiple authors, very briefly indicate your specific contributions to the work. Note that copies of your publications are not required

	Number of papers published or in press	Number of book chapters published or in press	Number of abstracts published or in press
Co-author			
First author			
Sole author			
Total			

9. Project title:

10. On a separate page to a maximum of 5 pages provide a descriptive summary of the proposed project (excluding references).

SECTION 3

TO BE COMPLETED BY THE PROPOSED SUPERVISOR

1. Proposed Training Program:

a) Outline of the research training arranged for the candidate (including a list of detailed duties/responsibilities, bench work, clinical research, course work, and literature review)

b) Research project of candidate:

Title of research (one line only):

2. Training time allocation: _____%

Research training (including bench work, clinical research, course work, and literature review)

3. Research funding:

a) Does the supervisor have the available research funds required to support the cost employee benefits in relation to the 50K/annum salary (for budgetary planning, an approximate rate of 30% can be used to estimate the cost of employee benefits)?

Yes _____ No _____

b) If yes, please list the project number(s) which will support the cost of employee benefits:

4. Publications of Proposed Supervisor: List (a) the papers, and (b) the abstracts you have published within the last three years, giving the titles, references, and co-authors (if any). Additional pages may be added if necessary.

5. Supervisory Experience of Proposed Supervisor: List the research trainees, including postdoctoral fellows, whom you have supervised (and are currently supervising) within the last three years, indicating the degrees received.

6. Grants Held (current and past two years):

Additional Information:

If the applicant is a foreign national, the supervisor is responsible for the cost associated with the LMIA (Labour Market Impact Assessment) approx. ~\$250.

Depending on the scope of the fellowship they might be classified as a Postdoc Fellow and included in the Union: Public Service Alliance of Canada 901, Unit 2, Post-Doctoral Fellows Collective Agreement.

UNDERTAKING OF TRAINING SUPERVISOR

If a Fellowship is awarded, I will accept the Fellow for research training in my laboratory.

Signature

Date

Name

SECTION 4

FOR INTERNATIONAL APPLICANTS ONLY

1. Country of Citizenship: _____
2. Name the research centre/lab at Queen's University where the fellowship will be located:

3. Provide a copy of your passport.
4. Need to apply for work permit.
5. Important to note that the timeline might be delayed due to an LMIA (Labour Market Impact Assessment (LMIA) is a document that an employer in Canada may need to get before hiring a foreign worker).

**CANDIDATE ASSESSMENT FORM
JOHN ALEXANDER STEWART FELLOWSHIP**

(a) Check the boxes that most nearly 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:

	100 - 80 (Exceptional)			50 (Average)		Unable to Judge
Background Preparation						
Industry/ Perseverance						
Motivation/ Initiative						
Organizational Ability						
Demonstrated skill at research						
Potential skill at research						
Judgement/ Critical sense						
Intellectual Ability						
Originality (demonstrated)						
Originality (potential)						
Interpersonal skills						
Supervisory skills						

(b) Give your overall assessment of the applicant, relative to others, using the same numerical ranges as above:

(Referee # 1)

Applicant Name

(b) For how long, and in what capacity, have you known the candidate?

(c) Please elaborate on the candidate's performance during clinical, and/or research training, on the same basis at which you arrived at your assessment in sections (a) and (b):

(Maximum one page)

Print/Type Name of Referee

Signature of Referee

Position

Department

Institution

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JOHN ALEXANDER STEWART FELLOWSHIP**

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	100 - 80 (Exceptional)			50 (Average)		Unable to Judge
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Potential skill at research						
Judgement/ Critical sense						
Intellectual Ability						
Originality (demonstrated)						
Originality (potential)						
Interpersonal skills						
Supervisory skills						

(b) Give your overall assessment of the applicant, relative to others, using the same numerical ranges as above:

(Referee # 2)

Applicant Name

(b) For how long, and in what capacity, have you known the candidate?

(c) Please elaborate on the candidate's performance during clinical, and/or research training, on the same basis at which you arrived at your assessment in sections (a) and (b):

(Maximum one page)

Print/Type Name of Referee

Signature of Referee

Position

Department

Institution