

**DEPARTMENT OF MEDICINE
RESEARCH AWARDS PROGRAM
Application for**

The John Alexander Stewart Fellowship

1. Family Name _____ 2. Given Name & Initials _____

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

Division of Medicine: _____

Field of Study: _____

Supervisor(s): _____

11. Proposed Starting Date for the Fellowship (normally July 1): _____

Name of Applicant

12. The undersigned agrees to abide by the conditions governing research protocols as 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

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

| Type | Institution | Speciality | Date |
|------|-------------|------------|------|
|------|-------------|------------|------|

14. Postgraduate Experience:

List chronologically all postgraduate experience to date, indicating the titles 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.

15. Honours and Awards:

List the undergraduate and postgraduate awards you have held, indicating the type and dates.

16. 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.

| | # of papers published or in press | # of book chapters published or in press | # of abstracts published or in press |
|--------------|-----------------------------------|--|--------------------------------------|
| Co-author | | | |
| First author | | | |
| Sole author | | | |
| TOTAL | | | |

17. Career Goals:

Are you proceeding, or planning to proceed, to any additional degree? Yes _____ No _____

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

18. Indicate the expected duration of your proposed training at Queen's, and its relevance to your future career:

19. Referees:

Give names and addresses 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.

20. Lay summary (100 words approximately) of proposed project.

21. Project title:

22. Descriptive summary of project (add pages as needed to a maximum of 5, exclusive of references).

QUESTIONS 23 TO 27 TO BE COMPLETED BY THE PROPOSED SUPERVISOR.

23. Proposed Training Program:

(a) Outline of the training program arranged for the candidate:

(b) Research project of candidate:
Title of research (one line only):

Training time allocation:

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

_____ %

Clinical training (instruction in clinical techniques, patient care, and other responsibilities of clinical residency-related course work (not to exceed 20%))

_____ %

24. Are adequate resources available? Yes _____ No _____

Please identify source (Funding Agency, etc.): _____

25. 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.

26. 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.
27. Grants Held (current and past two years):

UNDERTAKING OF TRAINING SUPERVISOR

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

Signature

Date

**(Referee #1)
For The
JOHN ALEXANDER STEWART FELLOWSHIP**

CANDIDATE ASSESSMENT FORM

(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:

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

(d) 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):

Print/Type Name of Referee

Signature of Referee

Position

Department

Institution

(Referee #2)

CANDIDATE ASSESSMENT FORM

For The

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:

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

(d) 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):

Print/Type Name of Referee

Signature of Referee

Position

Department

Institution