| Name     | of | An | nlica  | nt |
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### DEPARTMENT OF MEDICINE RESEARCH AWARDS PROGRAM Application for

# The John Alexander Stewart Fellowship

| 1.   | Family Name |           |         |           | 2.      | 2. Given Name & Initials |         |            |        |  |
|------|-------------|-----------|---------|-----------|---------|--------------------------|---------|------------|--------|--|
| 3.   | Title:      | Dr.□      | Mr.□    | Mrs.□     | Ms.□    | Miss□                    |         | □□□ Date   | of B   | irth:  |
| 5.   | Citizens    | hip Statu | ıs:     | Canad     | ian     | _ Perm                   | nanent  | Resident _ |        | Foreign  |
| 6.   | Current     | Mailing A | Addres  | s:        |         |                          | 7. Per  | manent Ado | dress  | :  |
| 8.   | E-mail A    | \ddress:  |         |           |         |                          | 9. Tele | ephone Nur | mber   | (s):   |
| 10.  | Details of  | of Propos | sed Tra | aining:   |         |                          |         |            |        |  |
|      | Division    | of Medic  | cine:   |           |         |                          |         |            |        |  |
|      | Field of    | Study:    |         |           |         |                          |         |            |        |  |
|      | Supervis    | sor(s):   |         |           |         |                          |         |            |        |  |
|      |             |           |         |           |         |                          |         |            |        |  |
| 11.  | Propose     | d Startin | g Date  | for the I | ellows  | hip (norn                | nally J | uly 1):    |        |  |
| 12.  | Queen's     |           | ity and | the tea   | ching h | ospitals,                | and to  |            |        | ch protocols as outlined by<br>r hospital appointments are |
| Sigr | natures:    |           |         |           |         |                          |         |            |        |  |
| Арр  | licant      |           |         |           |         |                          | Propo   | sed Superv | isor(: | s)   |
| Date | e           |           |         |           |         | -                        | Date    |            |        |  |

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Submit one electronic application package (in one file) to Salwa Nihal at <a href="mailto:snc1@queensu.ca">snc1@queensu.ca</a>

| 13 |   | eciality Certifications:                           |   | Name of Applicant        |
|----|---|--|---|--------------------------|
|    | Type                                    | rpected within the next 12                         | 2 months) Speciality  | Date                     |
|    | appointments held,                      | all postgraduate experie and the institutions conc | nce to date, indicating the titlerned. in the case of researe of your supervisor, and the | ch experience (including |
|    | Honours and Awar<br>List the undergradu |  | vards you have held, indicatin  | ng the type and dates.   |
|    | Publications:                           |  |   |                          |

### 16

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        |                                   |  |                                      |

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|     |  | Name of A                    | Applicant                         |
|-----|--|------------------------------|-----------------------------------|
| 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   | ed:                          |                                   |
| 18. | Indicate the expected duration of your proposed training at Queen's, and career:   | d its relevance              | to your future                    |
| 19. | Referees: Give names and addresses of two individuals whom you have asked to assessment sheets. These should be individuals under whom you have good opportunity to assess your research potential. If your proposed su supervisor, he/she may act as a referee for this application, but you will to your current supervisor. | studied, and pervisor is als | who have had a<br>so your current |
|     | 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  | i, 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.   |

|   | _                               | Name of Applicant |
|---|---------------------------------|-------------------|
|   |                                 | Name of Applicant |
| 27. Grants Held (current and past two         | years):                         |                   |
|   |                                 |                   |
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|   |                                 |                   |
| UNDERTA                                       | KING OF TRAINING SUPERV         | ISOR              |
| If a Fellowship is awarded, I will accept the | he Fellow for research training | in my laboratory. |
|   |                                 |                   |
|   |                                 |                   |
|   |                                 |                   |
|   |                                 |                   |
|   |                                 |                   |
| Cignoturo                                     | Data                            |                   |
| Signature                                     | Date                            |                   |

| Name | of A | pplica | nt |
|------|------|--------|----|

# (Referee #1) 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<br>(Exceptional) | 50<br>(Average) | Unable to Judge |
|--------------------------------|---------------------------|-----------------|-----------------|
| Background<br>Preparation      |                           |                 |                 |
| Industry/<br>Perseverance      |                           |                 |                 |
| Motivation/<br>Initiative      |                           |                 |                 |
| Organizational<br>Ability      |                           |                 |                 |
| Demonstrated skill at research |                           |                 |                 |
| Potential skill at research    |                           |                 |                 |
| Judgement/<br>Critical sense   |                           |                 |                 |
| Intellectual<br>Ability        |                           |                 |                 |
| Originality (demonstrated)     |                           |                 |                 |
| Originality<br>(potential)     |                           |                 |                 |
| Interpersonal skills           |                           |                 |                 |
| Supervisory skills             |                           |                 |                 |

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

|   |  | Name of Applicant  |
|---|--|--|
|   | For how long, and in what capacity, have   | ve you known the candidate?  |
|   |  |  |
|   |  |  |
| 1 | Please elaborate on the candidate's perfewhich you arrived at your assessment in | formance during clinical, and/or research training, on the same basis an sections (a) and (b): |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   | Print/Type Name of Referee   | Signature of Referee   |
|   | Position   | Department   |
|   | Institution  |  |

| Na    | me  | of | An            | plic | ant |
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### (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:

| and experien                   | ICC.                      |  | <u> </u>        |                    |
|--------------------------------|---------------------------|--|-----------------|--------------------|
|                                | 100 - 80<br>(Exceptional) |  | 50<br>(Average) | Unable to<br>Judge |
| Background<br>Preparation      |                           |  |                 |                    |
| Industry/<br>Perseverance      |                           |  |                 |                    |
| Motivation/<br>Initiative      |                           |  |                 |                    |
| Organizational<br>Ability      |                           |  |                 |                    |
| Demonstrated skill at research |                           |  |                 |                    |
| Potential skill at research    |                           |  |                 |                    |
| Judgement/<br>Critical sense   |                           |  |                 |                    |
| Intellectual<br>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:

| Na  | me | Λf | Δn | plic | anı |
|-----|----|----|----|------|-----|
| INA | ше | UΙ | ΑU | DIIC | aп  |

| For how long, and in what capacity, ha | eve you known the candidate?   |
|--|--|
|  |  |
|  |  |
|  |  |
| DI 11 ( 1 11 ( 1                       |  |
| same basis at which you arrived at you | formance during clinical, and/or research training, on the assessment in sections (a) and (b): |
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|  |  |
| Print/Type Name of Referee             | Signature of Referee   |
| Position                               | Department   |
| I OSITIOII                             | Department   |
| Institution                            |  |