

CHECKLIST

BASIC/CLINICAL SCIENTIST AWARD

Forward this completed form with the original only of your application. (DO NOT ATTACH it to the other 12copies of your application).

Page 1

Page (Section 1 – 9) completed and signed by the applicant & appropriate institutional administrators.

Page 2

Sections 10 – “Academic Rank”, & 11 – “Facilities Required” - completed.

Page 3

Sections 12 – “Research Interactions” & 13 – “Other Responsibilities” - completed.

Page 4

Sections 14 – “Education”, 15 – “Experience/Employment History” & 16 – “Current Position & Sources of Salary & Support” - completed.

Page 5

Sections 17 – “Honors & Awards”, 18 – “Special Circumstances” & 19 – “Referees” - completed.

Page 6

Section 20 – “Publications” - completed – Use additional pages if necessary.

Page 7

Section 21 – “5 Most Significant Publications” - completed.

Page 8

Section 22 – “Relevance to CCMB –Align with CCMB Strategic Plan” - completed.

Page 9

Section 23 - “Research Accomplished” - completed.

Page 10

Section 24 – “Details of Research Program” – completed.

Page 11

Section 25 – “Salary Justification” – completed.

Page 12

Section 26 – “All Funds Received or Applied For” – completed.

BASIC/CLINICAL SCIENTIST APPLICATION FORM 2006-2007

1. Surname, Given Names:		2. Telephone number:	
3. Mailing Address: <i>(Departmental Address Preferred)</i> 			
4. Fax Number:		5. Email:	
6. Funds Requested: Term: 1 Year _____ 2 Years _____ Amount Requested for Year 1 _____ Amount Requested for Year 2 _____			
7. Current Position/Rank, Institution, Faculty, Department: 			
8. CCMB Sponsoring Department: 			
9. Synopsis (50 words or less) of Proposed Research Program: 			
<i>ACCEPTANCE of this award indicates agreement by the applicant of the general conditions as outlined in the Awards Guide. The undersigned guarantee that, where applicable, the guidelines are followed.</i>			
	APPLICANT	CCMB SERVICE/ DEPARTMENT HEAD	PORTFOLIO LEADER
NAME:			
SIGNATURE:			
DATE(S):			

To Be Completed By Applicant:

Name:

Amount \$

Specify Year 1 or 2

10. DEPARTMENT & ACADEMIC RANK

Indicate:

- a) *Which CCMB/MICB department will you be carrying out your research in;*
- b) *How will working in this department support your research.*

11. RESEARCH FACILITIES REQUIRED

Describe briefly:

- a) *the amount of laboratory space required;*
- b) *the special equipment required; and*
- c) *adequacy of facilities you will be provided with.*

To Be Completed By Applicant:

Name:

Amount \$

Specify Year 1 or 2

12. RESEARCH INTERACTIONS

Indicate the colleagues and research programs you will be associated with.

13. PROJECTED RESPONSIBILITIES IF AWARD GRANTED

Indicate the nature of activities & percentage of time devoted to activities that you will be engaged in.

a) Research (%)

b) Teaching (*including graduate student supervision*) (%)

c) Administrative duties (%)

d) Clinical activities (%)

To Be Completed By Applicant:				
<i>Name:</i>		<i>Amount \$</i>		<i>Specify Year 1 or 2</i>
14. EDUCATION				
Degree	Discipline	University	Year Obtained	Supervisor (where applicable)
15. POST DOCTORAL RESEARCH EXPERIENCE & EMPLOYMENT HISTORY				
<i>List chronologically all experience to date</i>				
DATES	POSITION	DEPARTMENT	INSTITUTION	SUPERVISOR (where applicable)
16. CURRENT POSITION & SOURCE(S) OF SALARY AND SUPPORT FUNDS				

To Be Completed By Applicant:		
<i>Name:</i>	<i>Amount \$</i>	<i>Specify Year 1 or 2</i>
17. HONOURS & AWARDS		
18. SPECIAL CIRCUMSTANCES AFFECTING RESEARCH PRODUCTIVITY <i>(OPTIONAL) You may wish to explain interruptions in education and/or periods of decreased productivity.</i>		
19. REFEREES <i>Give the names, positions and affiliations of three (3) referees <u>whom you have asked</u> to forward letters of recommendations directly to CCMB</i>		
Name: Position: Affiliation: Address:	Name: Position: Affiliation: Address:	Name: Position: Affiliation: Address:
Phone: Fax: Email	Phone: Fax: Email	Phone: Fax: Email

To Be Completed By Applicant:

Name:

Amount \$

Specify Year 1 or 2

20. PUBLICATIONS

- ◆ **List your publications for the last five years (begin with most current publications) and separate them in the following categories:**

- i) Refereed papers, published/in press (append journal acceptance)
- ii) Refereed papers, submitted (append journal acknowledgement of receipt)
- iii) Book Chapters, published or in press (append acceptance)
- iv) Book Chapters submitted (append acknowledgement of receipt)
- v) Abstracts

Do not include papers in preparation – only published, in press or submitted papers (group all publications together, all articles together, all abstracts together etc..)

State if abstract was peer-reviewed. Use the following format (authors, title, journal, year, volume, pages): “Smart IM, Boss Y and Johns LP. Observations on the economic benefits of a postgraduate education. Science 1993; 235:726-9”.

- ◆ **Note That Copies Of Your Publications Are Not Required**

Use additional pages if necessary.

To Be Completed By Applicant:

Name:

Amount \$

Specify Year 1 or 2

21. List your five (5) most significant publications and indicate why they are relevant.

To Be Completed By Applicant:

Name:

Amount \$

Specify Year 1 or 2

22. DESCRIBE THE RELEVANCE OF THIS PROJECT: HOW DOES IT ALIGN TO CCMB'S STRATEGIC PLAN. – *Do Not Append any pages.*

TO BE COMPLETED BY APPLICANT:

Name:

Amount \$

Specify Year 1 or 2

23. RESEARCH ACCOMPLISHED

Briefly describe the research projects you have been involved in to date. Where the Research was of a collaborative nature, clearly indicate your particular contribution to the project.

Do Not Append More Than One Additional Page

To Be Completed By Applicant:

Name:

Amount \$

Specify Year 1 or 2

24. DETAILS OF RESEARCH PROGRAM

Briefly summarize: Your current overall research program; other areas of research that you plan to pursue, if different from or in addition to your current research program; and the primary aim of your research over the next 3 to 5 years.

In addition to the aim of the research, applicants should explain why they believe the research is important, how they plan to achieve their objectives, what they need in order to successfully achieve these objectives and how CCMB funding fits into their research objectives over the next 3 – 5 years.

Do not append any additional pages

To Be Completed By Applicant:

Name:

Amount \$

Specify Year 1 or 2

25. BASIC/CLINICAL SCIENTIST SALARY BUDGET.

Provide details and justify salary benefit requested.

Append additional pages as necessary.

To Be Completed By Applicant:

Name: _____ Amount \$ _____ Specify Year 1 or 2 _____

26. RESEARCH OPERATING FUNDS – ALL FUNDING RECEIVED OR APPLIED FOR MUST BE DECLARED. *Indicate any funds you (a) presently hold, or (b) have requested or are intending to request for the support of your proposed research program. Show all sources: granting agencies, CCMB departmental funds, university funds, private foundations, etc. In the case of grants shared with other investigators, indicate the total sum, and, if possible, the portion available for your use in your research program.*

a) FUNDS RECEIVED OR TO BE RECEIVED:

AGENCY	AMOUNT (P.A.)	PERIOD OF SUPPORT	% OF TIME

b) FUNDS APPLIED FOR OR ABOUT TO BE APPLIED FOR:

AGENCY	AMOUNT (P.A.)	PERIOD OF SUPPORT	% OF TIME

Provide Copies of the Summary and the Budget Pages For All Funds Received or Applied For

CHECKLIST FOR

DEPARTMENT HEADS/PORTFOLIO LEADERS

Re: BASIC/CLINICAL SCIENTIST AWARD

- ◆ Do you support this application? Yes ____ No ____
- ◆ Can the project be accomplished in the projected time? Yes ____ No ____
- ◆ Do you have a long-term interest in this candidate? Yes ____ No ____
- ◆ Where would funding for salary support beyond the term of the award come from?

- ◆ Are research facilities described in the application available? Yes ____ No ____
- ◆ Is there a guaranteed research time commitment for this candidate? Yes ____ No ____
- ◆ Do you have the resources to support the infrastructure of this request? Yes ____ No ____

Name of Applicant: _____

Department Head Signature: _____ **Date:** _____

Department: _____

Portfolio Leader Signature: _____ **Date:** _____

*****Portfolio Leader to submit this form directly to the office of the
Director of Research, Room 0N 5008.**

NO COPIES REQUIRED