

**CANCERCARE MANITOBA FOUNDATION**  
Graduate Studentship/Post Doctoral Fellowship Application Form Checklist  
**2006-2007**

**\*NOTE: Incomplete applications will run the risk of not being considered.**

Please forward completed sheet with the original of your application

Number of copies:	_____	Original and 15 copies
Application is for:	_____	Graduate Studentship
	_____	Post Doctoral Fellowship
	_____	Committee preference checked at top of page
	_____	Copies of Transcripts attached
Duly Completed:	_____	Items 18 & 19 filled out
	_____	3 referees have been given a copy of appropriate page and have been asked to forward assessment directly to CCMB
	_____	Signed by candidate
	_____	Research outline does not exceed 2 extra pages
	_____	Supervisor has listed source of funds available for defraying costs of student's research
	_____	Signed by Supervisor
	_____	Signed by Department Head
	_____	Personal data for Supervisor
_____	Supervisor's total publication number given	
_____	Supervisor's most recent publication listed (maximum of 10)	

Name of Applicant (print)	Signature of Applicant	Date
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**CancerCare Manitoba Foundation  
Check Appropriate Line**

**2006/2007 APPLICATION**

**Graduate Studentship**

**Postdoctoral Fellowship**

1. Family Name:		2. First Name		3. Date of Birth Day/Month/Year	
4. I wish to receive Correspondence in English <input type="checkbox"/> French <input type="checkbox"/>		5. Form of Address <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms		6. Please Indicate Citizenship Status <input type="checkbox"/> Canadian <input type="checkbox"/> Foreign <input type="checkbox"/> Permanent Canadian Resident	
7. Current Mailing Address    Home Telephone: Work Telephone:			8. Complete Mailing Address of Training		
9. Proposed Starting Date for Fellowship:					
10. Location of Proposed Training - Department  - Faculty  - University  - Affiliated Institution (where applicable)  - Supervisor(s)  - Telephone of Supervisor(s)  - Fax :					
11. The undersigned agree that the general conditions governing all funding programs and conditions specific to research trainee awards, as set out in the MRC Grants and Awards Guide apply to any award made pursuant to this application, and are hereby accepted by the applicant and the institution(s) in which the student is receiving training					
12. Applicant's Signature		Proposed Supervisor(s)		Head of Department of Proposed Training Location	
Date:		Date:		Date:	



17. If there has been an interruption in the pursuit of your scientific career, provide and explanation. Indicate the period of interruption and the reasons.

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**18. HONOURS & AWARDS**

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

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**19. PUBLICATIONS**

- a) Give the total number of your publications and the period over which they occur. Do not include papers in preparation. *Note: Documents submitted for publication- must include letters of receipt from editorial office.*

From:

To:

- b) **On a separate page, list your publications (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.**

**20. PROPOSED RESEARCH PROGRAM**

*The candidate should fill out Sections 20 & 21. The Proposed Supervisor should fill out Sections 22 and 23.*

*It is strongly preferred that the candidate complete sections 20(a) –(may be in collaboration with supervisor, but must indicate so).*

**Do not** append more than two pages to 20(a). Use font no smaller than 12 pitch.

a) Title of Research (one line only)

Descriptive summary

**Completed by:**            **Candidate:**\_\_\_\_\_            **Supervisor** \_\_\_\_\_

- b) Give a general description of the work carried out in the research setting, the facilities and personnel available including any facts you think might be helpful as background information. No additional pages may be added.

State source and amount of grant funding for project:

Total funding in research setting:

What other agencies applied to for funding:

- c) Describe all other activities to be undertaken (i.e. teaching, courses, supervision, seminars, clinical activities). Indicate the percentage of time to be spent on each activity using whatever timeframe (per week/monthly/year) best describes the involvement.

## **21. EXPLAIN HOW YOUR PROJECT IS RELATED TO CANCER**

The undersigned agree that this accurately describes the training program proposed.

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Supervisor

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Applicant

Name of Applicant \_\_\_\_\_

**22. EXPERIENCE OF PROPOSED SUPERVISOR**

Complete this form by listing the trainees, including postdoctoral fellows that you have supervised (and are currently supervising) within the last three (3) years indicating degrees received if applicable.

TRAINEE	TYPE	PERIOD	DEGREE	YEAR	INSTITUTE	RESEARCH PROJECT	CURRENT POSITION

**EXAMPLE**

TRAINEE	TYPE	PERIOD	DEGREE	YEAR	INSTITUTION	RESEARCH PROJECT	CURRENT POSITION

**23. PUBLICATIONS OF PROPOSED SUPERVISOR**

The proposed supervisor must provide a list of a) the papers and b) the abstracts published within the last three (3) years giving the titles, references and co-authors (if any). Only two (2) additional pages may be added if necessary. Group all publications together, all articles together, all abstracts together etc.. If publications are too numerous, only provide those publications directly related to the work proposed. If more pages are submitted with the application, they will not be included with the material provided to the peer review committees.

Name of Applicant \_\_\_\_\_

**24. OVERVIEW OF TRAINING**

Give an overview of the training you expect to acquire, the total duration of support you will need and the relevance of this training to your future career. No additional pages may be added

**25. SPONSORS**

Give (list) the names of the individuals whose assessments accompany this application.

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**Name of Candidate:**

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**ASSESSMENT OF A CANDIDATE FOR A RESEARCH TRAINING PROGRAM****NOTE TO SPONSOR:**

**THIS ASSESSMENT CONSISTS OF TWO PARTS:**           A) Assessment form and  
  B) Letter of support

**BOTH MUST BE COMPLETED.**

The information provided on this form is most important to CancerCare Manitoba in evaluating the suitability of the candidate for training in research in the health sciences. You are therefore asked to give detailed information (both pro and con) about the candidate. The Canadian Privacy Act stipulates that, in response to a specific request by the candidate, CancerCare Manitoba may make available a copy of your assessment.

- A) Check the boxes that most nearly represent your opinion of the candidate in comparison with a representative group of individuals you have known who have had approximately the same training and experience.
- B) The letter should be typed in black as the material must be duplicated for the peer review process.

The assessment form and the letter are to be returned, in a sealed envelope, to the candidate who in turn will enclose them as part of his/her Award application. Candidates need your support to ensure that the material is returned to them in a timely manner to complete their application package. CancerCare Manitoba will not consider late or incomplete applications.

A.	Exceptional		Excellent		Very Good	Good	Acceptable	Unable to Judge
	Upper 2%	Upper 10%	Upper 15%	Upper 20%	Upper 33%	Upper 50%	Lower 50%	
Background Preparation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Industry/Perseverance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Motivation/Initiative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organizational Ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skill at Research (demonstrated)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skill at Research (Potential)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Judgement/Critical Sense	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intellectual Ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Originality (demonstrated)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Originality (potential)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interpersonal Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supervisory Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Independent Research (potential)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Independent Research (demonstrated)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Name of Sponsor (print)

Signature of Sponsor

Date