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| **Cumming School of Medicine Post-Doctoral Scholarship** |
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| **APPLICATION DEADLINE:**  **Applications are accepted on a rolling basis and will be adjudicated as needed based on communicated adjudication deadlines.**  When the application deadline falls on a statutory holiday or weekend, application packages are due at 4pm on the next working day. Late or incomplete applications will not be accepted. |
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| **Application Submission Instructions**  All applications should be submitted no later than 4pm on the application deadline. Please submit the application and supporting documents as one single PDF file (note; letter of reference must come directly from the supervisor via email) to the McCaig Institute for Bone and Joint Health at [mccaig@ucalgary.ca](mailto:mccaig@ucalgary.ca).  **Application Submission Checklist**     |  |  | | --- | --- | |  | Completed application form | |  | Cover letter written by candidate | Completed application form | |  | 2-page version of the supervisor's CV  (must include the following: biographical information, grant support, number of trainees supervised (undergrad, graduate, and postdoc) and a list of selected publications from the last five years.) | |  | One electronic copy of the applicant's academic transcript (unofficial copies are acceptable) | |  |  | |  | One letter of reference from the supervisor (must come directly from the supervisor via email) | |
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| |  |  | | --- | --- | |  | **Both applicant and supervisor** have carefully read and followed the instructions to complete this form, and certify that the information contained in this form is true and complete. | |  | **The Supervisor** acknowledges that they will be required to provide a salary of $25,000 per year plus benefits for a minimum of 2 years with the possibility of extension to 3 years and confirms they have funding available to do so. | |

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| ***SUPERVISOR: PERSONAL INFORMATION*** | |
| 1. **SUPERVISOR NAME:**   Type Here | 1. **DEPARTMENT:**   Type Here |
| 1. **TELEPHONE:**   Type Here | 1. **OFFICE ADDRESS:**   Type Here |
| 1. **EMAIL ADDRESS:**   Type Here |
| 1. **CERTIFICATION REQUIREMENTS:**   *Please note that all research that involves the use of human subjects, animal care and use, and the handling and storage of*  *bio-hazardous materials must be reviewed and certified by the appropriate University Compliance Committee before the*  *research may commence.*   |  |  |  |  | | --- | --- | --- | --- | | HUMAN SUBJECTS | HUMAN STEM CELLS | ANIMALS | BIOHAZARDS | | |
| ***APPLICANT: PERSONAL INFORMATION*** | |
| 1. **APPLICANT NAME:**   Type Here | 1. **PRESENT ADDRESS:**   Type Here |
| 1. **TELEPHONE:**   Type Here |
| 1. **EMAIL ADDRESS:**   Type Here | 1. **CITIZENSHIP:**   Type Here |
| 1. **START AND END DATES OF YOUR DEGREE**   **PROGRAM:**   |  |  |  | | --- | --- | --- | | Select Start Date | **-** | Select End Date | | 1. **UNIVERSITY PRESENTLY REGISTERED AT and DEGREE PROGRAM / DISCIPLINE:**   *(e.g., University of Calgary, Biochemistry****)***  Type Here |

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| ***APPLICANT: ACADEMIC RECORD and RESEARCH EXPERIENCE*** |
| 1. **PLEASE LIST ANY SCHOLARSHIPS, AWARDS, PRIZES AND HONORS RECEIVED OR PENDING/APPLIED.**   *(Click the “****+****” to add additional rows – only visible when cursor is in a text box)*   |  |  |  |  | | --- | --- | --- | --- | | **NAME OF AWARD** | **RECEIVED OR PENDING** | **AWARD AMOUNT**  **(if applicable)** | **PERIOD HELD**  **(MM/YY – MM/YY)** | | Type Here | Please Select | Type Here | Type Here | | Type Here | Please Select | Type Here | Type Here | | Type Here | Please Select | Type Here | Type Here | | Type Here | Please Select | Type Here | Type Here | |
| 1. **LIST ALL RELEVANT RESEARCH EXPERIENCE.** (*Do not exceed allotted space.)*  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **FROM**  **(MM/YY)** | **TO**  **(MM/YY)** | **POSITION** | **INSTITUTION/ COMPANY/ CITY/ COUNTRY** | **SUPERVISOR NAME** | | Select Date | Select Date | Type Here | Type Here | Type Here | | Select Date | Select Date | Type Here | Type Here | Type Here | | Select Date | Select Date | Type Here | Type Here | Type Here | | Select Date | Select Date | Type Here | Type Here | Type Here | | Select Date | Select Date | Type Here | Type Here | Type Here | | Select Date | Select Date | Type Here | Type Here | Type Here | |
| 1. **LIST (a) THE PAPERS, AND (b) THE ABSTRACTS YOU HAVE PUBLISHED AND/ OR PUBLICATIONS IN PROGRESS,**   **PROVIDING COMPLETE REFERENCES, INCLUDING CO-AUTHORS, YEAR, TITLE, JOURNAL AND PAGE NUMBERS.**  *(Text box will expand as required. Please do not exceed one additional page.)*  Type Here |

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| ***PROPOSED RESEARCH PROJECT*** |
| 1. **PROJECT TITLE:**   Type Here |
| 1. **PLEASE IDENTIFY WHICH MCCAIG INSTITUTE PRIORITIES AND/OR RESEARCH THEMES ARE MOST CLOSELY RELATED TO THE PROJECT:**   Type Here |
| 1. **PROJECT DESCRIPTION:**   (*Maximum one page, single-spaced. Please clearly state the hypotheses, rationale and aims of the project. Text box will expand as required.)*  Type Here |
| 1. **STUDENT’S ROLE IN RESEARCH PROJECT:**   *(Must be written by Student. In your own words, what is this research project about? What is your role in this project? How does the project relate to bone and joint health? How does this program fit into your long-term career plans? Text box will expand as required.)*  Type Here |