

APPLICATION FORM
AllerGen Emerging Clinician-Scientist Research Fellowship 2011-2012

Applicant Information				
Applicant's Name:	First	Last		Date
Applicant's Mailing Address:	Street Address		Apartment/Unit #	
	City		Country	Postal Code
Work Phone :	()		E-mail Address	
Home Phone:	()			
Date Available:	(dd/mm/yyyy)			
Of what country are you a citizen?	Country			
Are you currently a landed immigrant?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you completed a clinical specialty in a field related to allergy, asthma or immunology?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If YES, from what institution and in what field?	
Describe below how you envision the AllerGen Emerging Clinician-Scientist Research Fellowship will contribute to your career development and accelerate attainment of your long-term career goals. Also, how will this Award facilitate your contribution to AllerGen's goal of building capacity for translational research with healthcare, social and/or economic benefits for Canadians? Maximum three (3) pages.				

Provide a description of the proposed research project and training opportunity including mentoring to be provided. Maximum two (2) pages, plus references appended separately.

Relevant Work Experience			
Position held and nature of work (begin with current) Full Time – Part Time	Organization	Supervisor	Period (mm/yyyy – mm/yyyy)

Academic Background (include current and past degree programs)				
Degrees	Name of Discipline	Department, Institution, and Country	Month and year started	Month and year awarded / expected
Current Supervisor's Name:				
Title:				
University and Mailing Address:				
Contact Phone Number:				

Scholarships and other awards held (start with most recent)					
Name of Award	Value (CDN\$) or specify currency	Level Institutional, Provincial, National, International	Type Academic, Research, Leadership, Communication	Location of Tenure	Period Held (mm/yyyy-mm/yyyy)

Please attach CIHR Common CV
<input type="checkbox"/> YES CIHR Common CV Attached

Please attach transcripts

Transcripts attached (# of transcripts = ___)

Please list the institutions from which transcripts have been requested.

Please attach proof completion of Clinical Immunology and Allergy sub-specialty training

Proof of completion of Clinical Immunology and Allergy sub-specialty training attached from:

Please list institution(s)

Please attach the junior faculty position identification letter (optional)

Junior Faculty Identification letter attached from:

Please list institution

Please attach letter outlining potential for provincial follow-on research funding (optional)

Provincial follow-on letter attached from:

Please list funding source

Please attach sponsor assessment forms

Sponsor assessment forms attached from:

Please list sponsors

Please attach letter(s) of support

Letter(s) of support attached (# of letters = ___) from:

Please list supporters

References			
Professional Reference 1:			
Name:			
Title:			
Relationship to Applicant:			
Mailing Address:	Street Address:	Apartment/Unit #:	
	City:	Country:	Postal Code:
Work Phone:			
Alternate Phone:		Email Address:	
Professional Reference 2:			
Name:			
Title:			
Relationship to Applicant:			
Mailing Address:	Street Address:	Apartment/Unit #:	
	City:	Country:	Postal Code:
Work Phone:			
Alternate Phone:		Email Address:	
Professional Reference 3:			
Name:			
Title:			
Relationship to Applicant:			
Mailing Address:	Street Address:	Apartment/Unit #:	
	City:	Country:	Postal Code:
Work Phone:			
Alternate Phone:		Email Address:	

Disclaimer and Signature

I hereby understand and agree that any award made as a result of this application will be subject to the AllerGen NCE Inc. terms and conditions governing this fellowship. Availability of year 2 funding for this fellowship will be contingent upon NCE renewal of AllerGen NCE funding, and cannot be confirmed at this time.

Signature of
Applicant:

Date:

Signature of
Current Supervisor

Date:

Please submit application to:

AllerGen Emerging Clinician-Scientist Research Fellowship 2011-2012
AllerGen NCE Inc., Attention: Michelle Harkness
McMaster University
Michael G. DeGroot Centre for Learning and Discovery
1280 Main Street West, Room 3120
Hamilton, ON L8S 4K1
Phone 905-525-9140 ext. 26633
Fax 905-524-0611 Email michelle.harkness@allergen-nce.ca

Partnered Funding in Hand or Pending

Name of Organization	Committed Funding	Title of Signatory	Authorized Signatory for Your Institution	Date
Total Partner Funding Committed	\$			

Emerging Clinician-Scientist Research Fellowship Checklist:

 if provided

Completed application form	
Common CIHR CV Module attached	
Description of research project	
Proof of completed Clinical Immunology and Allergy sub-specialty training	
Letter from host institution confirming junior faculty position	
Letter detailing opportunity for provincial follow-on research funding (if applicable)	
3 sponsor assessments	
Letter(s) of support	
Official transcripts	
1 original, plus 7 copies either hand-delivered or courier stamped no later than Friday, October 14, 2011 by 12:00 p.m. EST	