**Patient-Oriented Research (POR) Doctoral Studentship Program**

**in Diabetes and its Complications 2020-2021**

Format: Single-spaced text. Text size must not be smaller than 11-point font, Times Roman or similar.

Submit this form, as well as, items 1 to 5 in the order listed below in one PDF file and items 6 and 7 (reference letters) separately to Michelle Murray at the email address: [michelle.murray@umoncton.ca](mailto:michelle.murray@umoncton.ca).

1. **A completed and signed application form.**
2. **Copy of the highest degree obtained.**
3. **Scanned official transcript(s) of the candidate’s grades.** Provide a scanned copy of an original, official transcript(s). Both sides of the transcript must be scanned. A transcript printed from a website is not acceptable. If the institution does not provide graduate transcripts or grades, the applicant must provide a letter or email from the institution stating this.
4. **Proposed supervisor’s CV.** Provide a CIHR Academic Canadian Common CV. Please, limit information to the past 5 years.
5. **Applicant’s CV.** Provide a CIHR Academic Canadian Common CV.

**Items to be forwarded separately:**

**6.** Reference letter from the proposed supervisor (Diabetes Action Canada member).

**7.** Reference letter from one individual other than the applicant’s supervisor (but may include co-supervisor).

**Applications and reference letters must be received by July 24th, 2020**

Late or incomplete applications will not be considered.

**For inquiries, please contact: Michelle Murray**

Email: [michelle.murray@umoncton.ca](mailto:michelle.murray@umoncton.ca)

Do not submit more than one application per candidate. Text size must not be smaller than 11-point font, Times Roman or similar.

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| **Name of Applicant** (surname, given names)**:** | |
| **Title of research project:** | |
| **Permanent Mailing Address:** | **Phone (home or cell): Phone (work):**  **Email:** |
| **Date of Birth** (DD/MM/YYYY)**:** | |
| **CITIZENSHIP:**   * **Canadian** □ **Permanent Resident in Canada** □ **Foreign** | |
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| **CANDIDATE’S STATUS AS OF THE APPLICATION DEADLINE DATE July 24th, 2020** (select one)**:**   * **A. Current enrolled in a MSc program or equivalent** * **B. Currently enrolled in a Doctoral program** * **C. Currently enrolled in a MD or other professional program with combined PhD training** | |

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| **APPLICANT’S SUPERVISOR** (name and full address)**:** | **Phone:**  **Fax:**  **Email :** |
| **SUPERVISOR’S FACULTY AND PRIMARY DEPARTMENT:** | |
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| **CO-SUPERVISOR IF APPLICABLE** (name, faculty and department, and address)**:** | |

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| **Location of proposed research training** (include name of department/institute and address)**:** |
| **Discuss the relevance of the proposed research project to patient-oriented research and for the objectives of Diabetes Action Canada (see website**  [**https://diabetesaction.ca/**](https://diabetesaction.ca/)**).** *max. 3000 characters including spaces* |

**RESEARCH PROJECT:**

**Describe the rationale, objective, and give a detailed experimental approach of the proposed research. Clearly explain how this project fits with a patient-oriented research approach. In addition, describe how sex (biological factors) and/or gender (socio-cultural factors) will be considered throughout the project.** *Limit to this page only* (Figures must be included within the 1-page proposal, while references are restricted to one additional page. Text size must not be smaller than 11-point font, Times Roman or similar

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| **ONE REFERENCE LETTER FROM PROPOSED SUPERVISOR**  **A letter of support for the candidate is required from the supervisor.** The letter should be emailed directly to Michelle Murray(michelle.murray@umoncton.ca) by the supervisor. **Note to Supervisors:** Please comment on the candidate’s characteristics and abilities (i.e. critical thinking, independence, perseverance, originality, organizational skills, interpersonal skills, leadership, communication skills, initiative, motivation, interest in discovery, research ability, etc.). |

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| **ONE REFERENCE LETTER FROM SOMEONE OTHER THAN THE PROPOSED SUPERVISOR**  In the space below, list the name, professional title, and institution of one individual (other than the proposed supervisor but may include co-supervisor) whom the candidate has asked to forward assessments of his/her past or current performance. The letter should be emailed directly to Michelle Murray (michelle.murray@umoncton.ca) by the individual. |

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| |  | | --- | | **SIGNATURES**  I have reviewed the terms and conditions and agree to abide by the regulations governing this award, if granted. I certify that the information provided in this application is true and complete to the best of my knowledge. Digital signatures are acceptable. | | | |
| **Candidate** | **Primary Supervisor** |  |
| Print name | Print name |  |
| Signature | Signature |  |
| Date | Date |  |

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