

**HEART AND STROKE FOUNDATION OF ONTARIO
PHASE I CLINICIAN SCIENTIST APPLICATION
CHECKLIST**
COMPLETE AND FORWARD THIS SHEET WITH YOUR APPLICATION

Name of Applicant _____

Date _____

A. CONTENTS OF COMPLETE APPLICATION

The original application and SIX (6) photocopies must be assembled and submitted in the following order to the Heart and Stroke Foundation of Ontario.

- | | |
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| <input type="checkbox"/> Page 1 - Items 1 through 9 completed. | <input type="checkbox"/> Page 7 & 8 - Items 18 & 19 completed, if applicable. Items 20 & 21 completed, if applicable. |
| <input type="checkbox"/> Page 2 - Items 10 through 13 completed. | <input type="checkbox"/> Page 9 & 10 - Structured lay summary of the research proposal completed. |
| <input type="checkbox"/> Page 3 - Item 14 completed, if applicable. | <input type="checkbox"/> Page 11 - Proposed research. |
| <input type="checkbox"/> Page 4 - Publications documented as indicated in item 15. | <input type="checkbox"/> Page 12 - Ethical and safety considerations and item 25 completed. |
| <input type="checkbox"/> Page 5 - Progress report, not to exceed one page. | <input type="checkbox"/> Page 13 - Items 26 and 27 completed. Item 28 or item 29 completed. |
| <input type="checkbox"/> Page 6 - Complete and attach a copy of Common CV form for the supervisor/mentor. Include additional copies as indicated above. | <input type="checkbox"/> Page 14 - Item 30 complete. Item 31 enclosed if applicable. |

B. ENCLOSURES (Ancillary information to be attached at the end of the application)

- Official Transcripts in the original sealed envelope from the institution of the applicant's graduate and/or health professional training including proof of degrees completed. Applicants do not need to submit copies of their undergraduate transcripts.
- Proof of eligibility to practise in Ontario.
- For those applicants who are in a post-doctoral training program, proof of enrolment at the proposed start date of the award must be provided as part of the application.
- Three (3) referees' assessment forms in signed and sealed envelopes.
- If a commitment of a faculty appointment has been made to the applicant at the completion of the award, a letter to this effect, signed by the Dean and/or Department Head, should accompany the application.
- For those applicants who hold a faculty appointment, a letter must be provided by the Dean and Department Head (or institutional equivalents) clearly stating that the applicant will have 75% of his/her time allocated to research. Details on how this 75% allocation of research time will be spent must be provided, as well as the commitments for the remaining 25%.
- Checklist, attached to the original copy of the application only.
- Stamped, self-addressed envelope, in order to acknowledge receipt of application.

N.B. *Transcripts, proof of eligibility to practise in Ontario, proof of enrolment in a post-doctoral training program (if applicable), referee assessment forms and letters must be included in the application package. All letters, including referee assessment forms, must be in sealed envelopes, each signed across the seal by the appropriate referee.*

C. MAILING

Applications must be received no later than March 31 @ 4:00 p.m. If the deadline falls on a weekend or statutory holiday, the HSFO must receive the application by 4:00 p.m. on the previous Friday. Completed applications must be submitted to the following address:

Research Advocacy and Health Promotion
Heart and Stroke Foundation of Ontario
Yonge Eglinton Centre, 2300 Yonge Street
Suite 1300, P.O. Box 2414
Toronto, ON M4P 1E4
Attention: Clinician Scientist Program

Name _____

**HEART AND STROKE FOUNDATION OF ONTARIO
PHASE I CLINICIAN SCIENTIST PROGRAM**

1.	Name of Applicant (Last name, first name, initial)	Salutation	*Date of Birth (mm/dd/yyyy) <input type="checkbox"/> Male <input type="checkbox"/> Female
*Providing your date of birth on the application form is optional. However, this information will ensure accurate identification of applicants and will assist the Heart and Stroke Foundation (HSF) with statistical purposes. This information will NOT be transmitted to any entity outside of the HSF.			
2.	Mailing Address	Telephone Fax E-mail	Ext.
3.	Present Appointment (Academic Level, Title, Department, Institution and Start Date)		
4.	Name agencies to which application for support has been made or will be made a) Personnel b) Grant-in-Aid		
5.	Supervisor/Mentor name, department and institution (with address) <input type="checkbox"/> Supervisor <input type="checkbox"/> Mentor		
6.	Title of research project (12 words or less)		
7.	List no more than five key words which identify your research project		
8.	Estimate what proportion of the proposed research project falls under the following four health research pillars. The total of all pillars should equal 100%. See Frequently Asked Questions section on HSFC's research website - http://www.hsf.ca/research/guidelines/faq.html for descriptions of each pillar. _____ % Basic Biomedical _____ % Health Services/Systems _____ % Clinical _____ % Population Health		
9.	Who is the primary audience of your research? Estimate the proportion for each audience that applies to the proposed research. The total of all audiences should equal 100%. _____ % _____ Other researchers _____ Clinicians and other health care professionals _____ Policy advocates, analysts or decision makers (in government, workplaces, health care settings, etc.) _____ Public health / health promotions professionals and advocates _____ Educators (primary school, secondary school, colleges, and universities) _____ Persons with CCVD, at risk for developing CCVD and / or concerned about CCVD _____ General public _____ Other. Please specify		

10. Education: (where appropriate indicate Canadian equivalent)

Degree	Program	Supervisor if applicable	University	Start Date (mm/yy)	End Date (mm/yy)
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Include Official Transcripts in the original sealed envelope from the institution of graduate and/or health professional training including proof of degrees completed

11. Experience (academic, clinical and research)
(Where appropriate indicate Canadian equivalent)

Start Date (mm/yy)	End Date (mm/yy)	Position	Department	Institution
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Include a photocopy of your license to practise medicine or other health profession in the province of Ontario. For those applicants who are in a post-doctoral training program, proof of enrolment in the program at the proposed start date of the award must be provided as part of the application.

12. Distinctions and awards

13. Membership in professional and scientific societies

14a). If there has been any interruption in pursuit of your scientific career either in or subsequent to training, provide an explanation. List the period and reason for interruption.

b) HSF prefers that research training be undertaken in a different university than the one in which graduate degrees were obtained. If applicable, give the reasons for undertaking research training in the same university.

c) If applicable, provide reasons to undertake research training outside Ontario, and indicate intended plans to return to Ontario following completion of the training.

16. **Progress Report**

Another page may be appended for a reference list. Applicants are encouraged to summarize their research experience and prepare their report on a separate sheet and organize it using appropriate formatting and headings.

Attached pages should be single-spaced using either 12 point Times New Roman or 11 point Arial font. Condensed type or spacing will not be acceptable. A margin of 2 cm around the page is needed. No photo-reduction except for figures.

Supervisor/Mentor - Common CV

17. Complete and attach a printed copy of the **Common CV form** (HSFC version). This is a web-based form, which will allow you to enter your CV information online. Please refer to the website (www.commoncv.net) for further instructions.

SUPERVISOR'S STATEMENT

Note: this section must be completed by the supervisor on behalf of an applicant who is in the process of completing their post-doctoral training.

18.	Name of Supervisor _____	Telephone _____
	Department / Faculty / Institution _____	_____

19. The Supervisor provides an overview of the research and academic training environment. Please give details of resources, programs, technologies, etc., made available to the candidate and of any specific knowledge and skills to be acquired. In addition, give your specific involvement in applicant training. Indicate what will be the contribution of the applicant to the proposed research. If more than one student/fellow/researcher will be carrying out research using the same research project, describe each of their roles in the overall plan. If the intent of the applicant is to work on more than one project, provide the title and summary pages of other grant applications/funding (from HSF and other funding sources) whether applied for or held in which the applicant is involved. The role of the Clinician Scientist in this research must be clearly identified.

Candidates need your support to ensure that this material is returned to them in a timely manner to complete their application package. Late or incomplete applications will not be accepted.

MENTOR'S STATEMENT

Note: This section must be completed by the research mentor on behalf of an applicant who has completed their post-doctoral training.

20.	Name of Mentor	Telephone
	Department / Faculty / Institution	

21. Please describe your interaction with the applicant and your involvement in the applicant's proposed research program.

Candidates need your support to ensure that this material is returned to them in a timely manner to complete their application package. Late or incomplete applications will not be accepted.

22. **Structured Lay Summary**

The Foundation places a high priority on ensuring that the research it funds is relevant to its mission.

Using the outline provided below, provide a lay summary of the research proposal in non-scientific, everyday language at a level no greater than *Grade 10. Use analogies, simplifications, and generalizations rather than scientific and technical terms. **Applications without a response to each sub-section will be considered incomplete. The Heart and Stroke Foundation reserves the right to decline incomplete applications.**

This information will be used in assessing relevance of the research to the mission of the Foundation. This summary will also facilitate communications to the public and our donors about the research supported by the Foundation.

* See the Frequently Asked Questions section on HSFC's research website - <http://www.hsf.ca/research/en/open-competitions/competition-fags.html> for information on how to use Microsoft Word© spelling and grammar check to assess grade level.

a) Statement of the health problem or issue

b) Objective of your project

c) How will you undertake your work?

d) What is unique/innovative about your project?

e) A clear and concise description of how the proposed research is relevant to HSF's mission, i.e. how will the outcomes of your project impact the health and quality of life of people with heart disease and stroke.
The Heart and Stroke Foundation, a volunteer-based health charity, leads in eliminating heart disease and stroke and reducing their impact through the advancement of research and its application, the promotion of healthy living, and advocacy.

23. **Proposed Research**
Describe the rationale, hypothesis, objective and experimental approach of the proposed research and the timeline. Applicants should limit their proposal to **two** pages. One page may be added for references.
Attached pages should be single-spaced using either 12 point Times New Roman or 11 point Arial font. Condensed type or spacing will not be acceptable. A margin of 2 cm around the page is needed. No photo-reduction except for figures.

24. Assurance is given that any human experimentation will be acceptable to the institution on ethical grounds and comply with the "Tri-Council Policy Statements: Ethical Conduct for Research Involving Humans" and that in the case of laboratory animals for animal experimentation, the guiding principles enunciated by the Canadian Council on Animal Care will be adhered to and that the proposed research will not be undertaken until it has been accepted as meeting the requirements regarding biological and chemical hazards as outlined in the Health Canada "Laboratory Biosafety Guidelines". In addition, any research involving human pluripotent stem cells must adhere to the "Human Pluripotent Stem Cell Research: Guidelines for CIHR-funded Research". The institution must notify the Heart and Stroke Foundation if such approval is not forthcoming.

Does this research involve any: Human subjects Human pluripotent stem cells Animals Not applicable

25. Each of the following three persons have accepted to fill an "Assessment of Candidate by Referee" form (attached). One form must come from the supervisor if the applicant is in the process of completing their doctoral training or identified research mentor for those applicants who have completed their post-doctoral training. Two of the assessments must come from **persons under whom the candidate has studied but who will not be involved** in the supervision/mentoring or evaluation of the applicant's research program.

1. Name Address

2. Name Address

3. Name Address

26. Name, title and institution of administrative or financial officer who will administer funds on behalf of the Foundation.

27. **APPLICANT SIGNATURE**

By signing below the applicant agrees to abide by the regulations and policies governing this award, if granted.

Date

Signature

28. **SUPERVISOR SIGNATURE**

This question must be completed by the supervisor on behalf of an applicant who is in the process of completing their post-doctoral training. If awarded, I will accept the new awardee for research training in my laboratory. In addition, the awardee will devote no less than 75% of their time to the proposed clinical research upon which the research project is dependant. Adequate resources will be available to cover the cost of the awardee's research.

Supervisor

Signature

Date

29. **MENTOR SIGNATURE**

This question must be completed by the research mentor on behalf of an applicant who has completed their post-doctoral training.

Mentor

Signature

Date

30. **INSTITUTION SIGNATURES**

The institution agrees to abide by the regulations governing this award, if granted.

Dean

Department
Head

Signature _____

Signature _____

Date _____

Department _____

Institution _____

Date _____

31. **LETTERS**

If a commitment of a faculty appointment has been made to the applicant at the completion of the award, a letter to this effect, signed by the Dean and/or Department Head, should accompany the application. A single letter co-signed by the Dean and Department Head (or institutional equivalents) will suffice.

For those Phase I applicants who hold a faculty appointment, a letter must be provided by the Dean and Department Head (or institutional equivalents) clearly stating that the applicant will have 75% of his/her time allocated to research. Details on how this 75% allocation of research time will be spent must be provided, as well as the commitments for the remaining 25%.

ASSESSMENT OF CANDIDATE BY REFEREE

This evaluation consists of two parts: (A) Rating Form
(B) Letter of support

The information provided on this form is important in evaluating the suitability of the candidate for a Heart and Stroke Foundation award.

- (A) Check the boxes that most closely 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 of support – see instructions on next page.

These documents are to be returned in a sealed envelope to the candidate who will include it as part of his/her application. The referee must sign across the seal. The lack of assessment letters leads to the rejection of the application.

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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Industry / perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation / initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skill at research (demonstrated)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skill at research (potential)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment / critical sense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Originality (demonstrated)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Originality (potential)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervisory skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent research (demonstrated)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent research (potential)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature of referee

Name of referee

Date

ASSESSMENT OF CANDIDATE BY REFEREE

B

Please comment on: background preparation; industry / perseverance; motivation / initiative; organization ability; skill at research; judgment / critical sense; intellectual ability; originality (demonstrated); originality (potential); and indicate the period of time and in what capacity you have known the applicant.

Signature of referee

Name of referee

Date

Position / Department / Institution
