

SUPERVISOR APPLICATION FORM

ELIOT PHILLIPSON CLINICIAN SCIENTIST TRAINING PROGRAM

PROGRAM: MSc PhD Postdoctoral Fellow

SUPERVISOR NAME:

TRAINEE NAME:

BRANCH OF GRADUATE SCHOOL IN WHICH YOU ARE A MEMBER:

CURRENT GRANTS: (Indicate agency, title of grant, amounts for current and subsequent years, and whether sufficient funds are available for research to be performed by trainee.)

LOCATION OF PROPOSED RESEARCH: (Indicate whether sufficient resources and space are available for the trainee's research.)

PROPOSED SOURCE(S) OF PERSONAL SALARY SUPPORT FOR CLINICIAN SCIENTIST:

(Beginning in 2021, Supervisors must contribute up to \$20K toward trainee stipend. The total amount can be reduced by Divisional contribution or Trainee Awards, ie. CIHR Fellowship. For more information contact dom.research@utoronto.ca)