

NSERC CREATE: BIOMEDIC Application Form

BIOGRAPHICAL INFORMATION

			Student No.		
Family Name of Applicant		Given Name		Initial(s)	Date of Birth
ADDRESSES					
Current Address			Permanent Address (if different than current)		
Street Address			Street Address		
City	Province	Post Code	City	Province	Post Code
Telephone No.	Fax No		Email address (<i>will be used as initial point of contact</i>)		
CITIZENSHIP					
<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident of Canada <input type="checkbox"/> Other		Country of Citizenship			
PROGRAM RELATED					
Anticipated Start Date		<input type="checkbox"/> Jan <input type="checkbox"/> Sept Year 20 __ __	Year of Study : <input type="checkbox"/> 1 <input type="checkbox"/> 2		
PROPOSED SUPERVISORS					
Name		Research Address			
Name		Research Address			
Proposed Field of study/research					
Title of proposed Research					
List 10 key words that describe your proposed research					
How did you hear about this program?					
SIGNATURE					
I hereby certify that all of the above information and all information on supporting documents are correct and complete. I agree that any award made to me as a result of this application will be subject to the general conditions governing NSERC scholarships, the Biomedic Create Program, and Dalhousie University including any revisions, deletions or additions made to them in the future.					
Applicant's Signature				Date	

ACADEMIC TRAINING / PROFESSIONAL EXPERIENCE			
TRANSCRIPTS			
TRANSCRIPTS MUST BE SENT FROM ISSUING INSTITUTION – OFFICIAL TRANSCRIPTS ONLY. THEY MUST BE DELIVERED TO THE SCHOOL OF BIOMEDICAL ENGINEERING, UNOPENED AND BEARING THE INSTITUTION’S SEAL. SUBJECT TO SAME DEADLINE AS APPLICATION.			
UNDERGRADUATE TRAINING			
Date completed	Degree/Major	Department, Institution, Country	Supervisor
GRADUATE TRAINING (CURRENT AND/OR PREVIOUS)			
Date completed	Degree/Major	Department, Institution, Country	Supervisor
RELEVANT PROFESSIONAL EXPERIENCE (ATTACH ADDITIONAL PAGES IF NECESSARY)			
Dates	Position & Topic	Department, Institution, Country	Supervisor
PUBLICATIONS (INCLUDE THESIS TITLE – IN PROGRESS AND/OR COMPLETED)			
RELEVANT DISTINCTIONS & AWARDS RECEIVED			
REFERENCE LETTERS (applicant must submit 2 reference letters as part of application. References must be sealed, with referee’s signature on seal, and are subject to same deadline as application).			
Referee Name	Address	Email Address	
			<input type="checkbox"/> Letter sent separately
			<input type="checkbox"/> Letter sent separately

APPENDIX B – RESEARCH PROJECT

RESEARCH PROJECT GUIDELINES

PLEASE EXPLAIN HOW YOUR RESEARCH ALIGNS WITH THE GOALS, RESEARCH THEMES AND MISSION OF THE CREATE BIOMEDIC PROGRAM, HOW YOUR RESEARCH BRINGS TOGETHER CLINICAL APPLICATION AND BIOMEDICAL ENGINEERING, AND WHY IT IS LIKELY TO RESULT IN TRANSLATION TO PRACTICE EVENTUALLY.



APPENDIX C – PAST, RELEVANT EXPERIENCE & FUTURE PLANS

PAST, RELEVANT EXPERIENCE & FUTURE PLANS

DESCRIBE EXPERIENCE THAT IS RELEVANT TO YOUR RESEARCH, AND FUTURE PLANS TO CONTINUE IN THE AREA YOU PROPOSE (USE SPACE PROVIDED).





**APPENDIX D – SUPERVISOR(S) CV & STATEMENT OF SUPPORT
TO BE COMPLETED BY SUPERVISOR**

SUPERVISOR(S) CV - IF NOT ALREADY PROVIDED

ATTACH SUPERVISOR(S) CV, INCLUDING: A) PUBLICATIONS FROM LAST 5 YEARS, B) RECORD OF GRADUATE/POST-GRADUATE SUPERVISORY EXPERIENCE, C) EXPERIENCE IN TRAINING RESEARCH PERSONNEL (5 PAGES MAX., 12PT FONT, 1" MARGINS)

SUPERVISOR(S) STATEMENT OF SUPPORT (NOT A LETTER OF REFERENCE)

IN THE SPACE PROVIDED, DESCRIBE: A) SOURCE AND DURATION OF OPERATING FUNDING, B) TRAINING ENVIRONMENT, INCLUDING FACILITIES AND ADDITIONAL PERSONNEL THAT WILL CONTRIBUTE TO THE SUCCESSFUL COMPLETION OF THE PROPOSED PROJECT, C) APPLICANTS ROLE IN RESEARCH PROJECT, D) APPLICANTS ROLE IN WRITING OF PROPOSAL – E.G. APPLICANT WROTE, SUPERVISOR EDITED.

SUPERVISOR(S) SIGNATURE (S)

SIGNATURE OF SUPERVISOR

DATE

SIGNATURE OF SUPERVISOR

DATE



APPENDIX E – STATEMENT OF APPLICANT’S SALARY SUPPORT

CURRENT FUNDING

DESCRIBE YOUR CURRENT FUNDING

