**2024 TRAINEE AWARDS:**   
**APPLICATION FORM**

**Application Deadline: March 18, 2024 by 5:00 pm EST**

**Award Duration: September 1, 2024 – August 31, 2025**

## Applicant Information

|  |  |  |  |
| --- | --- | --- | --- |
| First Name / Last Name: | | | |
| Phone Number: | | Email: | |
| Mailing Address: | | | |
| Institution: | | Faculty/Department: | |
| Academic Program/Research Lab: | | | |
| Current Level of Study:  Masters  PhD  Postdoctoral Fellowship | Date Master’s/PhD Received/Expected (M/Y): | | Student Number (if applicable): |
| Have you applied for other financial support (i.e., stipend, salary for postdoctoral fellows)? Including only pending or successful funding.  Yes   No  If yes, please provide stipend/salary source, amount of funding provided, period of support (MM/YY dates for start and stop of funding): | | | |
| Up to three awards will be reserved for Indigenous graduate students or graduate students from underrepresented populations (one for a student from the Department of Mechanical and Industrial Engineering, one for a student from the Institute of Biomedical Engineering, and one for a student from any department with thein the Faculty of Applied Science and Engineering). **If you would like to be considered for a Trainee Award as an Indigenous graduate student or a graduate student from an underrepresented population[[1]](#footnote-2), please fill out the following section.**  Do you self-identify as an Indigenous student or student from an underrepresented population? Yes   No  If yes, please indicate your department of study:  Department of Mechanical and Industrial Engineering    Institute of Biomedical Engineering  Other department within the Faculty of Applied Science and Engineering | | | |

## Supervisors’ Information

Supervisor #1

|  |  |
| --- | --- |
| Last Name, First Name: | Email: |
| Title/Position: | |
| Department: | Faculty: |

Co-Supervisor #2 (If you have more than two supervisors, please add additional rows)

|  |  |
| --- | --- |
| Last Name, First Name: | Email: |
| Title/Position: | |
| Department: | Faculty: |

## Applicant Signature

|  |  |
| --- | --- |
| I have read the Competition Guidelines and Application Form. I certify that all information in this application is correct, to the best of my knowledge, and that all collaborators are aware and supportive of this application. | |
| Name (PRINT) | |
| Signature: | Date: |

## Supervisors’ Signatures

Supervisor #1 

|  |  |
| --- | --- |
| I support this application to the TRANSFORM HF Trainee Awards and will supervise this candidate in my lab/clinic/program for the award duration. I have read the Competition Guidelines and Application Form.  I certify that all information in this application is correct, to the best of my knowledge, and that all collaborators are aware and supportive of this application. | |
| Name (PRINT) | |
| Signature: | Date: |

Supervisor #2 (If you have more than two supervisors, please add additional rows) 

|  |  |
| --- | --- |
| I support this application to the TRANSFORM HF Trainee Awards and will supervise this candidate in my lab/clinic/program for the award duration. I have read the Competition Guidelines and Application Form.  I certify that all information in this application is correct, to the best of my knowledge, and that all collaborators are aware and supportive of this application. | |
| Name (PRINT) | |
| Signature: | Date: |

## TITLE OF PROPOSED PROJECT

## LAY SUMMARY

Provide a summary in non-specialist language of the proposal, highlighting project objectives and deliverables, and describing how the research is globally competitive and translatable to human health.  **Maximum 250 words**

## PROPOSAL

Provide an overview of the proposed research, including background and rationale, methods, and deliverables. Ensure that you highlight the significance of the project and its alignment with the vision and goals of TRANSFORM HF. Include key references and any supporting tables and figures in this section. References must be formatted in [IEEE style](https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwisvLqU9-H2AhUGHc0KHTD8DdkQFnoECAMQAQ&url=https%3A%2F%2Fieeeauthorcenter.ieee.org%2Fwp-content%2Fuploads%2FIEEE-Reference-Guide.pdf&usg=AOvVaw3o9VuYm7JwVJDHF4tebKzS). **Maximum** **3 pages**

## COLLABORATORS

Describe your planned collaboration among diverse disciplines, perspectives, and TRANSFORM HF partners in achieving the project. Include any people with lived experience. **Maximum 150 words**

## INCLUSION OF SGBAR, PATIENT AND COMMUNITY ENGAGEMENT, AND IDEAA

Please indicate how you will address each of the following considerations within your proposal, providing additional information if required. **Maximum 250 words**

### *Sex and gender-based analysis and reporting*

### *Patient and community engagement*

### *Inclusion, diversity, accessibility, anti-racism and health equity (IDEAA)*

## TRANSLATION/COMMERCIALIZATION

Describe your plans/activities for translation and/or commercialization of the research findings (e.g., policy or systems change, clinical practice, IP). **Maximum 150 words**

1. APPLICANT BACKGROUND, ACCOMPLISHMENTS, AND CV

Please tell us about yourself and why you are a good fit for the TRANSFORM HF Trainee Award in one paragraph. In addition, provide a brief CV with the following sections: education, relevant research, work experience, interests, academic awards, and publication list.

**Maximum 4 pages**

1. **ACADEMIC TRANSCRIPT**

Please include your most recent academic transcript. Unofficial transcripts will be accepted. If applying at the PhD or postdoctoral level, please provide information from the graduate level and onwards. If applying at the Master’s level, please provide information from the undergraduate level and onwards.

1. **SUBMISSION INSTRUCTIONS**

**Applicants are encouraged to submit applications in advance of the deadline, as applications received after 5:00pm EST on March 18, 2024 will not be accepted.**

Application materials are to be submitted electronically, via email to [info@transformhf.ca](mailto:email iinfo@transformhf.ca) in PDF format as **one file.**

The **PDF file must contain** the following elements in this order (body text in Arial font with minimum 11 pt and page margins set to a minimum of 1.87cm).

1. Application form with all completed sections:

* Applicant and supervisors’ information
* Applicant and supervisors' signatures
* Title of project
* Lay summary
* Proposal
* Collaborators
* Inclusion of SGBAR; patient and community engagement; and IDEAA
* Translation and/or commercialization

1. Applicant Background and Curriculum Vitae
2. Academic transcript

**SURVEY:**

Applicants are asked to complete a short, anonymous EDI survey to ensure that our programs include considerations for equity, diversity, and inclusion. The questions are voluntary and information collected will not be used to evaluate any individual or application. It is collected and held by TRANSFORM HF and shared as de-identified, aggregated information to inform our reporting and best practices. **Participants will be asked to complete the online survey once they submit an application.**

Please address any questions or requests for more information to Anne Simard, Director of Strategy and Translation, at [info@transformhf.ca](mailto:info@transformhf.ca).

1. For definitions of underrepresented population groups, please see [U of T’s Student Equity Census](https://www.viceprovoststudents.utoronto.ca/wp-content/uploads/sites/409/2023/08/U-of-T-Student-Equity-Census_Questions-Format-Resource_2022-2023.pdf). [↑](#footnote-ref-2)