**Spinal Cord Injury Innovation and Translation Postdoctoral Fellowship Application Form**

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| 1. **Applicant Information**
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| **Name (Last, First, Initial)** |  |
| **Phone** |       |
| **Email** |       |
| **University/Institution** |       |
| **Department** |       |
| **Mailing Address** |       |

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| 1. **Supervisor Information**
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| **Name (Last, First, Initial)** |       |
| **Phone** |       |
| **Email** |       |
| **University/Institution** |       |
| **Department** |       |
| **Mailing Address** |       |

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| 1. **Collaborator Information (may or may not be co-supervisor)**
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| **Name (Last, First, Initial)** |       |
| **Phone** |       |
| **Email** |       |
| **University/Organization** |       |
| **Department** |       |
| **Mailing Address** |       |

\*add additional sections for other Collaborators if needed

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| 1. **Funding Partner Information**
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| **Name of Organization/ Institution** |       |
| **Key Contact’s Name (Last, First, Initial)** |  |
| **Phone** |       |
| **Email** |       |
| **Mailing Address** |       |

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| **Do you have guaranteed funding from the listed funder of a minimum $25,000 in stipend support? If no, please provide an explanation on when you expect the funds to be guaranteed. Note, if matched funding hasn’t been guaranteed by decision date this will affect your ranking and disqualify you from the competition.** |
| [ ]  Yes[ ]  No: Click or tap here to enter text. |

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| **If successful, do you plan on using these funds to apply for a Mitacs Fellowship? If yes, would you like Campus Alberta Neuroscience to follow up you after notice of decision and provide support if applicable. Note, Campus Alberta Neuroscience cannot guarantee a successful Mitacs application but can help connect with Mitacs personnel.** |
| [ ]  Yes: Click or tap here to enter text.[ ]  No |

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| **Which Institution will receive the funds?** |
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| **What type of translational project is this (e.g., translating research to the healthcare system or community or market/consumers)? What makes this project innovative? <Max. 100 Words>** |
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| **Please provide a lay summary of your research plan. Use CIHR’s definition of a lay abstract. <Max 200>** |
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| 1. **Proposed Research Plan**

Please provide a brief description of the proposed research plan in the space below. This description should include the research question/hypothesis, overall objectives, methodological approach and timeline, and expected outcomes. <Max. 2 pages> |
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| 1. **Describe how your research plan intends to meet these specific outcomes:**
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| Accelerate innovation in the field of spinal cord injury in Alberta. <Max. 100 words> |  |
| Support spinal cord injury researchers and stakeholders to generate provincial research collaborations. How will the research objectives benefit from this cross-provincial arrangement?<Max. 100 words> |  |
| Support research translation and, where possible, encourage multidisciplinary partnerships in the field of spinal cord injury. How does the proposed research plan incorporate/support translation? If applicable, how will the proposed research plan be achieved through multi-institutional/organization collaboration? If appropriate, please include the partner providing matched funding and any additional role they may have. <Max. 200 words> |  |

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| 1. **Benefit to Supervisor Program (and co-supervisor if applicable)**

Please provide a brief description of how the proposed research plan will make significant contributions to the Supervisor’s (and co-Supervisor’s) spinal cord injury program. <Max. 300 words> |
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The complete application package, including all necessary components described above and in the application guidelines, must be submitted electronically as a single .pdf file, except the letters of recommendation which will be submitted separately. Please have all components of the application submitted by 4:00pm MST on June 1, 2020 to abneuro@ucalgary.ca with the subject line **Spinal Cord Injury Innovation and Translation Fellowship Application 2020 – [applicant name]**