\*Complete the following application and submit as a single pdf file via email to [brainscan@uwo.ca](mailto:brainscan@uwo.ca).

\*\*The specific evaluation criteria can be found in the BrainsCAN PDF Program Guidelines document, *Section 8.1.*

**Section 1: Applicant information**

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| --- | --- | --- | --- | --- |
| Applicant Information | | | | |
| **Name:** | |  | | |
| **Address:** | |  | | |
| **Email:** | |  | **Tel:** |  |
| **Citizenship:** | Canadian: ; Permanent Resident: ; Other: | | | |
| **Anticipated Start Date:**  *Start date must be by end of August 2021.* | | | | (yyyy/mm/dd) |

**Section 2: Advisor and Referee information**

|  |  |
| --- | --- |
| Identify Advisors | |
| Provide the details of the potential Advisors below, noting that a minimum of two advisors is required. At least one of the Advisors must meet the eligibility requirements as described in the guidelines. A Biosketch in NIH format should be attached for each Advisor to the end of this application. **Advisors should consult the BrainsCAN PDF Guidelines (section 6.0) for full instructions regarding the letter of support, which should come jointly from all prospective advisors.**  \*The letter of support should be sent directly to [brainscan@uwo.ca](mailto:brainscan@uwo.ca) by the deadline date. | |
| **Co-Advisor:** | |
| **Name:** |  |
| **Email:** |  |
| **Affiliations (Fac/Dept):** |  |
| **Co-Advisor:** | |
| **Name:** |  |
| **Email:** |  |
| **Affiliations (Fac/Dept):** |  |
| **Other Advisor (if applicable):** | |
| **Name:** |  |
| **Email:** |  |
| **Affiliations (Fac/Dept):** |  |
| **Other Advisor (if applicable):** | |
| **Name:** |  |
| **Email:** |  |
| **Affiliations (Fac/Dept):** |  |

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| Referees | | | |
| Provide details of referees who know the applicant and can provide an informed assessment. Applicants who have no postdoctoral experience should solicit letters from two [2] referees, while those with previous postdoctoral experience should solicit letters from three [3]. Typical referees would include graduate supervisors, committee members and senior collaborators, and previous postdoctoral advisors. Each referee’s Letter of Recommendation, written on the referee’s institutional letterhead, should:   * indicate how the referee knows the applicant, how well, and for how long. * assess the applicant’s critical thinking, independence, perseverance, originality, organizational skills, interest in discovery, communication skills, research ability and leadership ability, rating the applicant with others at a similar stage of their career. * describe an overall impression of the candidate, identifying his/her strongest qualities from the list above. * describe some areas that the applicant could focus on, that would contribute to his/her development as an independent researcher. * describe the most significant contributions that the candidate has made, and their impact.   \*Referees must be faculty members at a recognized university. Non-faculty such as Research Associates, Postdoctoral fellows, other lab personnel, etc. are not eligible to act as referees. Letters should be sent directly to [brainscan@uwo.ca](mailto:brainscan@uwo.ca) by the deadline date. | | | |
| **External Referee #1** | | | |
| **Name:** |  | | |
| **Email:** |  | **Tel:** |  |
| **Affiliations (Inst/Fac/Dept):** |  | | |
| **Relationship to Applicant:** |  | | |
| **External Referee #2** | | | |
| **Name:** |  | | |
| **Email:** |  | **Tel:** |  |
| **Affiliations (Inst/Fac/Dept):** |  | | |
| **Relationship to Applicant:** |  | | |
| **External Referee #3 (Applicants with prior postdoctoral experience only)** | | | |
| **Name:** |  | | |
| **Email:** |  | **Tel:** |  |
| **Affiliations (Inst/Fac/Dept):** |  | | |
| **Relationship to Applicant:** |  | | |

**Section 3: Applicant Curriculum Vitae (CV) and Advisor(s) Biosketches**

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| **Applicant‘s CV** |
| Please attach a CV in PDF form. Any CV that meets the format template (See Appendix A – CV Requirement) will be accepted. Please note, for each multi-authored publication, applicants should describe their role in the publication and indicate their percent contribution to the team effort. |

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| **Applicant: Additional information** |
| The Applicants are invited comment on environmental factors that may have affected their productivity. Furthermore, if the Applicant’s PhD was completed more than 6 years before the application deadline, explain why further training via the BrainsCAN program will be valuable.  **Maximum 1000 characters (including spaces).** |
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| **Advisor Biosketches** |
| **Each advisor should provide a Biosketch in NIH format:** <https://grants.nih.gov/grants/forms/biosketch.htm> |

**Section 4: Research Proposal Information**

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| Title |
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| BrainsCAN Research Theme *(Choose all cores that may apply to the research project):* |
| **Computational Core:**  **Human Cognition and Sensorimotor Core:**  **Imaging Core:**  **Non-Human Primate Core:**  **Rodent Cognition Core:** **Non-applicable*:*** |

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| Descriptors |
| Provide up to 10 keywords that describe the research project, the techniques and the methodologies it will employ, as well as the areas of interest. |
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| Research Proposal |
| Applicants are to:   * demonstrate alignment with BrainsCAN Strategic Priorities **(See BrainsCAN Alignment / Steering Document)** * complete the research project summary in collaboration with the proposed advisor(s), writing in general scientific language appropriate for review by a multi-disciplinary committee; * describe the context and importance of the topic, the specific hypotheses of the research, and describe their role on the project. * ensure that the research proposal provides a concise account of the subject matter, an overview of each part of the research plan, specific project aims and the methodology, and the significance of the project.   **\*Maximum 7000 characters (including spaces), including references. Figures and tables are not accepted.** |
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| Training Expectations |
| Applicants are to:   * provide an overview of how their previous research training relates to the present proposal and elaborate on their career goals. * describe how the training they expect to acquire will contribute to their productivity and to the research goals they hope to achieve, and how this award will enable them to establish themselves as independent investigators. * indicate why they decided upon the proposed training location and what they expect to learn from the training experience.   **\*Maximum 3500 characters (including spaces).** |
|  |

**Section 5: Checklist**

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| --- | --- |
| Application Checklist | |
| Please ensure the application and CVs (applicant’s and advisors biosketches) are submitted as single pdf file to [brainscan@uwo.ca](mailto:brainscan@uwo.ca). The letters of recommendation and letter of support should be sent by the referee/advisor directly to [brainscan@uwo.ca](mailto:brainscan@uwo.ca). The Equity and Diversity Survey should be sent separately to Fay Harrison (BrainsCAN Executive Director and Equity & Diversity Co-Chair; [fay.harrison@uwo.ca](mailto:fay.harrison@uwo.ca)) | |
| 1. Completed Application |  |
| 1. Applicant’s CV *See Appendix A – CV requirements* |  |
| 1. Advisor NIH Biosketches |  |
| 1. Letters of Recommendation:   External Referee #1  External Referee #2  External Referee #3 (previous postdoctoral experience only) |  |
| 1. Letter of Support from Advisors   *Please provide one letter only* |  |
| 1. Equity and Diversity Survey: (***Voluntary****)*   *Please complete and submit the Self-Identification Survey found on the program webpage. The Personal information in connection with this survey will be used for educational, administrative and statistical purposes only and will be stored by the BrainsCAN Administration Staff to maintain confidentiality. The form is completely voluntary and will not be used in the evaluation of the application.* |  |

**Section 6: Applicant’s Declaration**

I will respect the rules of ethics for all research involving humans or experimental animals, and recognize that approval is required from the institutional ethics committee for research involving humans or human derived samples, and from the institutional animal care committee for experimentation in animals. I declare that the information provided is true and accurate and agree to the conditions described in this BrainsCAN form for the purpose of this fellowship.

Applicant’s Signature Date