

**AllerGen-CAAIF Emerging Clinician-Scientist Research Fellowship
2017 APPLICATION FORM**

Applicant's Name:	First	Last	dd/mm/year
Mailing Address:	Street Address	Apartment/Unit #	
	City	Country	Postal Code
Work Phone:		E-mail:	
Alternate Phone:			
Are you a Canadian Citizen? Yes No		If NO, are you a landed or permanent resident? Yes No	
Clinical Immunology and Allergy Sub-Specialty Training	Institution:	Start Date: dd/mm/year	End Date: dd/mm/year

Relevant Work Experience

Position (begin with current) Indicate Full Time – Part Time	Organization	Supervisor	Period Held mm/year-mm/year

Academic Background (include current and past degree programs)

Degrees	Name of Discipline	Department, Institution, and Country	Start Date dd/mm/year	End Date dd/mm/year

Scholarships and Other Awards (start with the most recent)					
Name of Award	Value (CDN\$ or specify)	Level Institutional Provincial National International	Type Academic Research Leadership Communication	Location	Period Held mm/year – mm/year

Sponsoring Supervisor					
Name:		Institution:		Title:	
Department/Division:					
Mailing Address:	Street Address:			Apartment/Unit #:	
	City:	Country:		Postal Code:	
Work Phone:	Alternate Phone:	E-mail:			

Sponsor 1:					
Name:					
Title:					
Relationship to Applicant:					
Mailing Address:	Street Address:			Apartment/Unit #:	
	City:	Country:		Postal Code:	
Work Phone:		Email:			
Alternate Phone:					

Sponsor 2:			
Name:			
Title:			
Relationship to Applicant:			
Mailing Address:	Street Address:		Apartment/Unit #:
	City:	Country:	Postal Code:
Work Phone:		Email:	
Alternate Phone:			

Sponsor 3:			
Name:			
Title:			
Relationship to Applicant:			
Mailing Address:	Street Address:		Apartment/Unit #:
	City:	Country:	Postal Code:
Work Phone:		Email:	
Alternate Phone:			

Partnered Funding in Hand or Pending				
Name of Organization	Committed Funding	Title of Signatory	Authorized Signatory for Your Institution	Date mm/year
Total	\$			

Disclaimer and Signature:

I hereby understand and agree that any award made as a result of this application will be subject to the AllerGen NCE Inc. terms and conditions governing this Fellowship.

Signature of Applicant:

Date:

Signature of Supervisor:

Date:

Emerging Clinician-Scientist Research Fellowship Application Checklist:

1. Completed Application Form
2. Applicant Statement
3. Research Project Proposal
4. Applicant's CV
5. Supervisor(s) CV
6. Proof of Clinical Immunology and Allergy Sub-Specialty Training
7. Three (3) Sponsor Assessment Forms
8. Letter(s) of support from proposed supervisor(s)
9. Official transcripts
10. Letter from host institution confirming junior faculty position (where applicable)

Please submit application to:

Applications must be received in the AllerGen Administration Centre no later than 1 December 2017, by 11:59 pm.

Leah Graystone
AllerGen NCE
McMaster University
Michael G. DeGroot Centre for Learning and Discovery
1280 Main Street West, Room 3120
Hamilton, ON L8S 4K1

Phone 905-525-9140 ext. 2663
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