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| **NMIN *Graduate Awards* – Doctoral and Master’s**  **2023-24 APPLICATION FORM** | | | |
| 1. **Applicant Details** | | | |
| Applicant Name: |  | | |
| Degree: |  | | |
| Institution: |  | Email: |  |
| Supervisor: |  | Phone: |  |
| Supervisor’s Relationship to NMIN: | | Network Investigator (*eligible to apply*)  NMIN Committee Member (*eligible to apply*)  Other (*not eligible to apply*) | |
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| 1. **Academic Background** (including current and previous degree programs completed) | | | |
| --- | --- | --- | --- |
| **Degree** | **Discipline** | **Department, institution, Country** | **Term**  **(mm/yr - mm/yr)** |
| *Insert rows as required* |  |  |  |
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| 1. **Relevant Work Experience** (listed from most recent to least recent) | | | |
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| **Position** | **Organization** | **Supervisor** | **Period Held**  **(mm/yr - mm/yr)** |
| *Insert rows as required* |  |  |  |
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| 1. **Scholarships and Other Awards** (listed from most recent to least recent) | | | |
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| **Award** | **Value** | **Level**  ***(institutional, provincial, national, international)*** | **Period Held**  **(mm/yr-mm/yr)** |
| *Insert rows as required* |  |  |  |
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| 1. **Partner Funding in-hand or pending** | | | | |
| --- | --- | --- | --- | --- |
| **Organization** | **Committed Funding** | **Pending Funding** | **Use** | **Date**  **(mm/yr)** |
| *Insert rows as required* |  |  |  |  |
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1. Provide a description of the proposed research project (maximum three [3] pages including text and figures, 11pt Arial, excluding references)
2. Provide an applicant statement (include accomplishments, professional goals, the relevance of proposed training to the goal(s) achievement; maximum three [3] pages, 11pt Arial)
3. Insert the Applicant’s CV
4. Insert the Supervisor’s(s’) CV

| **10.1 Disclaimer and Signatures - Applicant** | |
| --- | --- |
| I hereby understand and agree that any award made as a result of this application will be subject to the NMIN terms and conditions governing this award.  I understand that, as a member of the NMIN HQP Network (NHN), I am expected to uphold exemplary standards of behaviour and not engage in behaviour which is known or ought to be known to be in contravention of federal and/or provincial laws and legislation and/or NMIN, Tri-Council and/or university policy, including but not limited to policies on scientific integrity and research ethics (for example, the [Tri-Agency Framework: Responsible Conduct of Research](https://rcr.ethics.gc.ca/eng/framework-cadre-2021.html)).  I understand that grounds for immediate expulsion from the NHN include, but are not limited to, harassment, breach of scientific integrity or ethics policies, misuse of NMIN funds, and release and/or misuse of confidential information. | |
|  |  |
| Signature of Applicant | Date |
| Submit completed application packages to Divya Rao, HQP Program and Network Events Manager, at [divyarao@nanomedicines.ca](mailto:divyarao@nanomedicines.ca). Only electronic applications will be accepted. | |

| **10.2 Disclaimer and Signatures - Supervisor** | |
| --- | --- |
| I hereby understand and agree that any award made as a result of this application will be subject to the NMIN terms and conditions governing this award and the terms and conditions contained in the NMIN NCE Network Agreement, to which I am or will become a signatory in good standing.  I understand that, as a Network Investigator, I am expected to uphold exemplary standards of behaviour and not engage in behaviour which is known or ought to be known to be in contravention of federal and/or provincial laws and legislation and/or NMIN, Tri-Council and/or university policy, including but not limited to policies on scientific integrity and research ethics (for example, the [Tri-Agency Framework: Responsible Conduct of Research](https://rcr.ethics.gc.ca/eng/framework-cadre-2021.html)).  I understand that grounds for immediate expulsion from the Network include, but are not limited to, harassment, breach of scientific integrity or ethics policies, misuse of NMIN funds, and release and/or misuse of confidential information. | |
|  |  |
| Signature of Supervisor | Date |
| Submit completed application packages to Divya Rao, HQP Program and Network Events Manager, at [divyarao@nanomedicines.ca](mailto:divyarao@nanomedicines.ca). Only electronic applications will be accepted. | |

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