The B.C. Lung Foundation offers fellowships based on the applicant’s potential of scientific excellence.

**Instructions**: Do not add additional pages except where indicated.

Please complete all sections in 11 pt Arial , 12 pt Times New Roman, or 12 pt Calibri Font

# **Submit** 1. complete all sections of application or note if not applicable

1. have sponsor forms (Part A & B) completed by each of 3 sponsors.
2. an official transcript of graduate and undergraduate degrees/coursework

|  |  |
| --- | --- |
| Doctoral Fellowship Post-doctoral Fellowship  Proposed Start Date of Fellowship Funding: (MM/YYYY)  Proposed Completion Date of PhD or post-doctoral fellowship: (MM/YYYY) | |
| **Candidate:**  Surname Given Names | |
| **Proposed Supervisor**  Name Given Name | |
| Citizenship: Ο Canadian Ο Permanent Resident | Ο Other |
| Signatures  **Candidate** | **Proposed Supervisor** |
|  |  |
| Print Name: Date: | Print Name: Date: |
| **Department Head:** | **Dean of Medicine** |
| Print Name: Date: | Print Name: Date: |
| **Office of Research Services** | |
| Print Name: Date: |  |

**Academic and Professional Experience**

a) Education: List your degrees and diplomas starting with the most recent or in progress

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Degree | Institution and Country | Subject of degree | Supervisor | Start Date  (MM/YYYY) | End Date  (MM/YYYY) |
| In Progress |  |  |  |  |  |
| Completed | | | | | |
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b) **Research training**: e.g., postdoctoral and post health professional training. Trainees only: also, list undergraduate research training experience.

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| --- | --- | --- | --- | --- |
| Institution | Department | Supervisor and Source of Funding | Start Date  (MM/YYYY) | End Date  (MM/YYYY) |
|  |  |  |  |  |

c)  **Qualifications, certificates and licenses**: Completed and in progress

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| --- | --- | --- | --- |
| Title | Organization | Start Date  (MM/YYYY) | End Date  (MM/YYYY) |
| In Progress |  |  |  |
| Completed |  |  |  |

d) **Academic and Professional Experience**: Begin with your most recent (includes Academic, Industrial, Public Sector)

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| --- | --- | --- | --- | --- |
| Position | Department | Faculty/Department/School | Start Date  (MM/YYYY) | End Date  (MM/YYYY) |
|  |  |  |  |  |

**Interruptions in Scientific Career**

If there has been an interruption in pursuit of your scientific career either in or subsequent to training, provide explanation. List the period and reason for interruption.

**Grants held or applied for, Scholarhips held or applied for. Other Honours and Awards**

Provide as much detail as possible on the type of award. List the name of awarding organization, if salary award or operating grant, the date awarded or applied for, and Amount. Three lines (1-2 sentences) of information can be added for further explanation. One additional page may be added.

Awarding Organization Type of Award Date of Award Amount Awarded

**Most Significant Research Contributions**

List your most significant contributions to research. For each contribution describe the significance in terms of influence and impact on the target community. Indicate year. No additional pages may be added.

**Publications:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Publications** | **Refereed articles** | **Non-refereed articles, book chapters** | **Books and Monographs** | **Abstracts** | **Totals** |
| **Already published** |  |  |  |  |  |
| **Accepted or in Press** |  |  |  |  |  |

List all publications under the same categories as those listed in the table.**Training Expectations**

**Doctoral Fellowship:**

Provide an overview describing how the training you expect to acquire will contribute to your future research achievements and productivity. Describe

1. in detail the **learning experiences** that you hope to achieve in the proposed research setting for your fellowship;
2. the **benchmarks** that you hope to achieve i.e. expertise in particular methodologies, peer-review publications, attendance to scientific meetings.
3. The **next position** you hope to achieve upon completion of your PhD and the **date** that you plan to begin your next position.

**Post-doctoral Fellowship*:***

Provide an overview describing how the training you expect to acquire will contribute to your future research achievements and productivity and describe how this award will enable you to establish yourself as an independent investigator. Describe

1. in detail the **learning experiences** that you hope to achieve in the proposed research setting for your fellowship;
2. the **benchmarks** that you hope to achieve i.e. expertise in particular methodologies, peer-review publications, attendance to scientific meetings.
3. the **next position** you hope to achieve upon completion of your post-doctoral fellowship and the **date** that you plan to begin your next position.

**Proposed Training Program**

This section should be completed in collaboration with the proposed supervisor.

1. Title of research
2. Descriptive **summary of the research project**. Include specific hypothesis of research and describe the candidate’s role on the project. Should be written in layman’s language. No additional pages may be added.

**Report to the Board of Directors of the BC Lung Foundation**

The Executive Director of the BC Lung Foundation would like the opportunity to contact you in order to arrange for you to meet with the Board of Directors to describe your work. Please indicate the degree of completion of the proposed project that you could present to the Board at –

6 months after receipt of the award (% completed of summary on p. 9) \_\_\_\_\_\_\_\_\_\_\_\_\_

9 months after receipt of the award (% completed of summary on p. 9) \_\_\_\_\_\_\_\_\_\_\_\_\_

12 months after receipt of the award (% completed of summary on p. 9) \_\_\_\_\_\_\_\_\_\_\_\_\_

**Other Activities besides Proposed Research during Period of Funding**

Describe all activities to be undertaken by the candidate other than direct work on the proposed research project (i.e., teaching, courses, supervision, seminars, and clinical activities). Indicate the percentage of time to be spent on each activity using whatever time frame (per week/month/year) that best describes the involvement.

Indicate the number of hours per week that will be devoted to research activities \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indicate the number of weeks during the next year that will be devoted to research activities\_\_\_\_\_\_\_\_\_\_

The undersigned agree that this accurately describes the training program proposed.

Proposed Supervisor Candidate

**Three referees:** Include names and addresses please.

2.

3.

Please ensure referees send the two sponsor forms directly to the *Graduate Programs in Rehabilitation Sciences,*

*Attn: Program Coordinator, University of British Columbia, 2211 Wesbrook Mall T325, Vancouver, BC, V6T 2B5* [*rehab.gradprogram@ubc.ca*](mailto:rehab.gradprogram@ubc.ca)or return them to you (in a sealed envelope) in a timely fashion such that your complete application will be submitted by the deadline date – **April 1, 2024. 4PM PST**

Complete Application is required to be submitted to:

*Graduate Programs in Rehabilitation Sciences, Attn: Program Coordinator, University of British Columbia, 2211 Wesbrook Mall T325, Vancouver, BC, V6T 2B5 or* [*rehab.gradprogram@ubc.ca*](mailto:rehab.gradprogram@ubc.ca)

**April 1, 2024. 4PM PST**

**Respiratory Rehabilitation Fellowship**

**funded by**

**British Columbia Lung Foundation**

Name of candidate

**ASSESSMENT OF A CANDIDATE FOR A DOCTORAL OR POST-DOCTORAL APPLICANT**

**NOTE TO SPONSOR:**

**THIS ASSESSMENT CONSISTS OF TWO PARTS:** (A) Assessment form and

(B) Letter of support

**BOTH MUST BE COMPLETED.**

The information provided on this form is most important in evaluating the suitability of the candidate for the Respiratory Rehabilitation Fellowship. You are therefore asked to give detailed information (both pro and con) about the candidate. The Canadian Privacy Act stipulates that, in response to a specific request by the candidate, the School of Rehabilitation Sciences must make available a copy of your assessment.

(A) Check the boxes that most nearly represent your opinion of the candidate in comparison with the representative group of individuals you have known who have had approximately the same training and experience.

(B) The letter should be typed in black as the material must be duplicated for the peer review process.

The assessment form and the letter can be returned directly to the Graduate Programs in Rehabilitation Sciences, 2211 Wesbrook Mall T325, Vancouver BC, V6T 2B5, or can be returned in a sealed envelope, to the candidate who in turn will enclose them as part of his/her Award application. Candidates need your support to ensure that the material is returned to them in a timely manner to complete their application package. The School of Rehabilitation Sciences will not consider late or incomplete applications.

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| **A.** | Exceptional | | Excellent | | Very Good | Good | Acceptable | Unable to Judge |
|  | Upper 2% | Upper 10% | Upper 15% | Upper 20% | Upper 33% | Upper 50% | Lower 50% |  |
| Background preparation |  |  |  |  |  |  |  |  |
| Industry/perseverance |  |  |  |  |  |  |  |  |
| Motivation/Initiative |  |  |  |  |  |  |  |  |
| Organizational Ability |  |  |  |  |  |  |  |  |
| Skill at research (demonstrated) |  |  |  |  |  |  |  |  |
| Skill at research (potential) |  |  |  |  |  |  |  |  |
| Judgment/critical sense |  |  |  |  |  |  |  |  |
| Intellectual ability |  |  |  |  |  |  |  |  |
| Originality (demonstrated) |  |  |  |  |  |  |  |  |
| Originality (potential) |  |  |  |  |  |  |  |  |
| Interpersonal Skills |  |  |  |  |  |  |  |  |
| Supervisory Skills |  |  |  |  |  |  |  |  |
| Independent research (potential) |  |  |  |  |  |  |  |  |
| Independent research (demonstrated) |  |  |  |  |  |  |  |  |

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| Name of Sponsor | Signature of Sponsor | Date |

**Respiratory Rehabilitation Fellowship**

**Funded by**

**British Columbia Lung Foundation**

**B. LETTER OF ASSESSMENT OF CANDIDATE BY SPONSOR**

1. Name of candidate

2. *(To be completed by the sponsor)*

**as well as completing the assessment form, please provide a letter to the school of rehabilitation sciences indicating the following:**

1. the period of time and in what capacity you have known the candidate;
2. relative to others having the same training, what is your overall assessment of the candidate;
3. elaborate on the candidate's performance during research and/or clinical training. Give specific examples of behavior to support your ratings on the assessment form. One additional page may be added, if necessary.

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| Name of Sponsor | Position / Department / Institution | |
| Signature of Sponsor | | Date |