Postdoctoral Fellow Recruitment   
Notice of Intent

Please submit the completed form to [oris@uleth.ca](mailto:oris@uleth.ca) by September 1for consideration.   
Late submissions will not be considered.

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| **Applicant** | | | |
| Applicant (Primary supervisor) | | Department | |
|  | |  | |
| Co-supervisor (if applicable) | | Department | |
|  | |  | |
| Funding stream? | For stream 2 applications: | | |
| Stream 1  Stream 2 | Have you discussed your project with Brandie Lea?  Have you discussed your project with Mitacs? | | |
| Project Title | | |
|  | | |
| Provide a summary of the proposed research project (1 page max) | | |
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| **Postdoctoral Fellow candidate information** | | | |
| Have you confirmed the Postdoctoral Candidate? | | | |
| Yes. Please complete the rest of this section.  No. | | | |
| Candidate name | | Candidate email | |
|  | |  | |
| Current position (e.g., PhD student, postdoctoral fellow) | | Current institution | |
|  | |  | |
| Doctoral degree completed? | Does this candidate have any other postdoctoral fellowship applications currently under consideration? Check all that apply. | | What is the anticipated term? |
| Yes.  Date of completion:  No.  Anticipated date of completion: | Banting Postdoctoral Fellowship  CIHR Fellowship  NSERC Postdoctoral Fellowship  SSHRC Postdoctoral Fellowship  Other.  Provide details: | |  |
| What is the anticipated start date? |
|  |

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| --- | --- | --- | --- |
| **Partner details (complete only if applying under Stream 2)** | | | |
| Organization name | | Type of organization | |
|  | | Business  Not-for-profit organization, association, or foundation  Municipality  Hospital  Other. Provide details: | |
| Partner supervisor name | Partner supervisor role | | Partner supervisor email |
|  |  | |  |

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| **Funding details** |
| **FOR STREAM 1:** Please list the source(s) and amount(s) of matching funds to support the postdoctoral fellow. |
| |  |  |  |  | | --- | --- | --- | --- | | **Grant** | **Fund number** | **Fund end date** | **Amount ($)** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |
| **FOR STREAM 2:** Please outline your anticipated funding request. |
| |  |  |  |  | | --- | --- | --- | --- | | **Year** | **Required partner match** | **Partner contribution ($)** | **Requested UofL contribution ($)** | | 1 |  |  |  | | 2 |  |  |  | | 3 |  |  |  | |  |  | **TOTAL REQUEST** |  | |

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| **External Assessors** |
| Please provide the **names and email address of five EXTERNAL assessors** who do not have a conflict of interest and have the appropriate expertise to provide a comprehensive, unbiased, critical review. If the assessor has a webpage, please include the URL. | |
| Assessor 1: | |
| Assessor 2: | |
| Assessor 3: | |
| Assessor 4: | |
| Assessor 5: | |