Postdoctoral Fellow Recruitment
Notice of Intent

Please submit the completed form to 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.  |
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| --- | --- | --- | --- |
| **Grant** | **Fund number** | **Fund end date** | **Amount ($)** |
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| **FOR STREAM 2:** Please outline your anticipated funding request.  |
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| --- | --- | --- | --- |
| **Year** | **Required partner match** | **Partner contribution ($)** | **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: |