# Clinician scientist Emerging leader award 2024

# **Application**

### DEADLINE: April 25, 2024. 5pm EST

* Applications will be assessed on the scientific merit of the research plan and its potential to impact clinical care and patient outcomes (50%) and on the excellence of the candidate as demonstrated by prior training and previous research efforts (50%).
* Only applicants that submitted the *Registration of Interest* form by the deadline are eligible to submit a full application.
* Submit completed application through the “**Submit Here**” button at [fightingblindness.ca/research/for-researchers/](https://www.fightingblindness.ca/research/for-researchers/)

### Formatting Guidelines

\*\*Please respect word/page limits. Applications exceeding these limits may not be accepted\*\*

* To facilitate peer-review, submit all documents in English.
* Use black ink for text and where word limits are not specified use single-spaced text, Calibri font, pt.11.
* The application **should be submitted as a single PDF document** in the order specified below.
	+ Letters of references can be included in the single PDF document or submitted separately.
	+ Do not create the PDF from scanned documents (signature page excepted). PDFs should be created by converting from Word or other compatible formats.
	+ Delete instruction pages before saving as PDF.
* Include the last name of the applicant in the file name e.g. Smith\_CSEL Application

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| --- | --- | --- |
| **Section** | **Format** | **Section Description** |
| 1 | Application Form  | **Application Form**: Available below. Electronic or scanned signatures are acceptable  |
| 2 | Free text, 1000 word maximum | **Career development plan**: Should include a clear description of the following: * Candidate's previous training and experience demonstrating a commitment to develop a career as a clinician-scientist.
* A career development plan that identifies key activities that the candidate will accomplish and/or professional development events that candidate will participate in to achieve their goal of developing both an independent research career and a clinical practice in Canada.
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| 3 | Free text, 1500 word maximum, not exceeding 5 pages. Including figures and tables but not references | **Research plan:** Should include: * Rationale and aims of the project
* Experimental design, methods and analysis
* Relevant previous work done in this area
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| 4 | Free text, 500 words, not exceeding 1 page  | **Project Timeline**: Identify key activities and milestones for the research plan. May be presented as a narrative, table or figure. If relevant include career development activities.  |
| 5 | Free text, 1 page maximum | **Project Budget**: Including detail for staffing, reagents, services. Include details about other funding or resources that will support this project.  |
| 6 | Free text, 1 page maximum | **Statement of Institutional Support:** * May include description of the research environment, infrastructure, resources, mentoring and administrative support.
* Must clearly identify protected research time.
* The statement may be written by the applicant but should be signed by the program or institutional lead confirming institutional support and protected research time.
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| 7 | Free text, 5 page maximum each | **CV for applicant and mentor(s):** CV that showcases key accomplishments. We recommend using the [NIH Biosketch](https://grants.nih.gov/grants/forms/biosketch.htm) format, but this is not mandatory. Each applicant and mentor should submit a CV.  |
| 8 | Free text | **Two letters of reference:** These may be included as part of the single PDF. Alternatively the reference may directly upload the letter through the link on: [fightingblindness.ca/research/for-researchers](https://www.fightingblindness.ca/research/for-researchers/) or email it to research@fightingblindness.ca. |

# Clinician-Scientist Emerging Leader Award 2024

## Section 1: Application form

|  |
| --- |
| Name  |
| Phone  | Email  |
| Institution  |
| Institution where funds will be administered (if different than above) |
| Department, program and/or sub-speciality |
| Position (resident, fellow, academic position, other (please specify)) |
| Position start date:  | Position end date (if known):  |
| Are you a Canadian citizen or permanent resident of Canada (Yes or No)?  |

## Applicant Information

**Complete only if position at start of award will be different than above.**

|  |
| --- |
| Institution  |
| Department, program and/or sub-speciality |
| Position (resident, fellow, academic position, other (please specify)) |
| Position start date | Position end date (if known) |

## Project Details

|  |
| --- |
| **Research project title** |
| **Mentor’s name, institution, position.** This individual is responsible for managing award funds if the applicant is not eligible to hold independent funding. |
| **(If applicable) Co-mentor’s name, institution, position**  |

**Public (non-scientific) summary (300 word maximum)**

Provide a non-technical summary of your research, **written in simple and clear language suitable for a lay audience.** The summary should indicate how your research may ultimately improve the health of people living with blinding eye diseases. This information may be made public and should not contain confidential information.

## Budget summary and protected research time

|  |  |  |
| --- | --- | --- |
|  | **Budget Request** | **Protected Research Time (%)** |
| **Year 1**  |  |  |
| **Year 2**  |  |  |
| **Total** |  | **N/A** |

## Letters of References

Please provide two letters of reference. These letters can be submitted with the application, uploaded directly by the reference or sent to research@fightingblindness.ca

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Reference/ Relationship to applicant** | **Position** | **Institution** | **Indicate if the letter is included with the application, or is being sent separately** |
|  |  |  |  |
|  |  |  |  |

## Signatures

The following signatures certify approval and that the applicant is the lead author of this application. E-signatures accepted.

**Applicant Name:**

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*Signature of Applicant Date*

**Mentor Name:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature of Mentor Date*

**Authorized Institutional Representative Name:**

**Authorized Institutional Representative Title:**

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*Signature of Authorized Institutional Representative Date*