

# **SUPERVISOR APPLICATION FORM**

## **ELIOT PHILLIPSON CLINICIAN SCIENTIST TRAINING PROGRAM**

**PROGRAM:**            **MSc**            **PhD**            **Postdoctoral Fellow**

**SUPERVISOR NAME:**

**TRAINEE NAME:**

**BRANCH OF GRADUATE SCHOOL IN WHICH YOU ARE A MEMBER:**

**CURRENT GRANTS:** (Indicate agency, title of grant, amounts for current and subsequent years, and whether sufficient funds are available for research to be performed by trainee.)

**LOCATION OF PROPOSED RESEARCH:** (Indicate whether sufficient resources and space are available for the trainee's research.)

**PROPOSED SOURCE(S) OF PERSONAL SALARY SUPPORT FOR CLINICIAN SCIENTIST:**

(Beginning in 2021, Supervisors must contribute up to \$20K toward trainee stipend. The total amount can be reduced by Divisional contribution or Trainee Awards, ie. CIHR Fellowship. For more information contact [dom.research@utoronto.ca](mailto:dom.research@utoronto.ca))