**TRAINEE AWARDS:**

**Application form**

**Application form to be sent to** [**leslie.hausermann@icm-mhi.org**](mailto:leslie.hausermann@icm-mhi.org) **by March 28, 2024 at 6 pm Pacific Time**

## APPLICANT INFORMATION

|  |  |  |
| --- | --- | --- |
| First Name / Last Name: | | |
| Phone Number: | Email: | |
| Institution: | | |
| Mailing address: | | |
| Faculty/department: | | |
| Academic Program: | | |
| Indicate the level of award you are applying for:  ☐ Masters/PhD ☐ Postdoctoral Fellowship/MD Research Fellowship | | Date Master’s/PhD Received/Expected: |
| Do you identify as an Indigenous or Black African Descendant?:  ☐ Yes  ☐ No | | |
| Have you applied for other financial support related to your studies (i.e., stipend, salary for postdoctoral fellows)?:  ☐ Yes  ☐ No | | |
| If yes, please provide stipend/salary source, amount of funding provided, period of support (MM/YY dates for start and stop of funding): | | |

## SUPERVISORS’ INFORMATION

Supervisor #1 (If the supervisor is not a member of the CHF Alliance, a co-supervisor member of the CHF Alliance is required for eligibility)

|  |  |  |
| --- | --- | --- |
| Last Name, First Name: | | Phone Number: |
| Title/Position: | | |
| Institution: | | |
| Department: | | Faculty: |
| E-mail Address: | | |
| Is your supervisor a CHF Alliance member:  ☐ Yes  ☐ No | If yes, please specify in which team/theme/project: | |

 Co-Supervisor #2 – if applicable (If you have more than two supervisors, please add additional rows)

|  |  |  |
| --- | --- | --- |
| Last Name, First Name: | | Phone Number: |
| Title/Position: | | |
| Institution: | | |
| Department: | | Faculty: |
| E-mail Address: | | |
| Is your Co-supervisor a CHF Alliance member:  ☐ Yes  ☐ No | If yes, please specify in which team/theme/project: | |

## APPLICANT SIGNATURE

|  |  |
| --- | --- |
| I have read the Competition Guidelines and Application Form.  I certify that all information in this application is correct, to the best of my knowledge, and that all collaborators are aware and supportive of this application. | |
| Name (PRINT) | |
| Signature: | Date: |

## SUPERVISOR #1 SIGNATURE

|  |  |
| --- | --- |
| I support this application to the CHF Alliance Trainee Awards and will supervise this candidate in my lab/clinic/program for the award duration.  I have read the Competition Guidelines and Application Form.  I certify that all information in this application is correct, to the best of my knowledge, and that all collaborators are aware and supportive of this application. | |
| Name (PRINT) | |
| Signature: | Date: |

## CO-SUPERVISOR #2 SIGNATURE (If you have more than two supervisors, please add additional signature rows)

|  |  |
| --- | --- |
| I support this application to the CHF Alliance ISI Trainee Awards and will supervise this candidate in my lab/clinic/program for the award duration.  I have the read the Competition Guidelines and Application Form.  I certify that all information in this application is correct, to the best of my knowledge, and that all collaborators are aware and supportive of this application. | |
| Name (PRINT) | |
| Signature: | Date: |

## TITLE OF PROPOSED PROJECT

## LAY SUMMARY

Provide a summary, in non-specialist language, of the proposal highlighting project objectives and deliverables, and describing how the research is innovative and translatable to heart failure-related human health/health system.  **Maximum 250 words**

## RESEARCH PROPOSAL

Provide an overview of the proposed research project, including background and rationale, methods, and deliverables. Ensure that you highlight the significance of the project and its alignment with the vision and goals of the CHF Alliance, as well as existing or planed collaborations (disciplines, perspectives, CHF Alliance researchers, patients and partners). **2 pages including key references and 1 additional page for supporting tables and figures (pages must be within the Letter US format with standard margins and 11 point font)**

## INCLUSION OF SEX AND GENDER BASED ANALYSIS AND REPORTING (SGBAR), PATIENTS, COMMUNITY AND EDI

Please indicate how you will address each of the following considerations within your proposal, providing additional information if required. **Maximum 250 words**

### *Sex and gender-based analysis and reporting*

### *Patient and community engagement*

### *Equity, diversity and inclusion (EDI)*

## TRANSLATION, MOBILIZATION AND/OR COMMERCIALIZATION

Describe your plans/activities for translation, mobilization and/or commercialization of the research findings (e.g., policy or systems change, clinical practice, IP). **Maximum 150 words**

1. **ACADEMIC TRAINING PLAN**

Provide an overview of your academic training plan, including a description of anticipated training activities, academic goals, training environment, mentorship and resources. Ensure to highlight any collaborations that may help you reaching you training plan. **1 page**

1. CURRICULUM VITAE

For applicant: CV must contain the following sections: education, relevant research/work experience, academic awards, and publication list. **Maximum 4 pages**

For supervisor and co-supervisor(s): short-form Canadian Common CV in CIHR Academic format, including current funding.

1. **CONFIRMATION OF MATCHED FUNDING**

Please include a signed confirmation of matched funding from the host University/Institution and/or external agencies. Amounts are $20,000 for a Master’s/PhD student and $30,000 for a Postdoctoral student or a MD enrolled in a research fellowship.

1. **SUBMISSION INSTRUCTIONS**

**Applicants are encouraged to submit applications in advance of the deadline, as incomplete applications or applications received after 6:00pm Pacific time on March 28, 2024 will not be accepted.**

Application materials are to be submitted electronically, via email to leslie.hausermann@icm-hmhi.org in PDF format as **one file.**

The **PDF file must contain** the following elements in this order (body text in Arial font with minimum 11 pt).

1. Application form with all completed sections:

* Applicant and supervisors’ information
* Applicant and supervisors' signatures
* Title of project
* Lay summary
* Research Proposal (2 pages)
* Inclusion of SGBAR; patient and community engagement; and equity, diversity and inclusion
* Translation, mobilization and/or commercialization
* Academic Training Plan (1 page)

1. Curriculum Vitae (for applicant, supervisor and any other co-supervisor)
2. Proof of matched funding

Please address any questions or requests for more information to Leslie Hausermann, Program Manager of the CHF Alliance, at leslie.hausermann@icm-mhi.org