

**Trainee of the Year Award**

**Application**

# APPLICATION DEADLINE: Friday, December 6, 2019, – No later than 4:30pm (NO EXCEPTIONS)

Submit an electronic copy of the application with required signatures, in pdf format, to Christine.koustrup@lhsc.on.ca

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| Competition Date: **2019** | Date Submitted (MM/YYYY)Click here to enter text. |
| **Candidate** |
| SurnameClick here to enter text. | Given NamesClick here to enter text. |
| **Nominated by**  |
| **Primary Supervisor** Click here to enter text. |
| **Co-Supervisor**Click here to enter text. |
| **Mailing Address/Phone/Fax**Click here to enter text. |
| **Signatures** |
| **Candidate** | **Primary Supervisor and Co-Supervisor** |
| Print Name:Click here to enter text. | Print Name:Primary SupervisorClick here to enter text.Co-SupervisorClick here to enter text. |
| Signature | Signature |
| Date:Click here to enter text. | Date:Click here to enter text. |

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| **Areas of Research** |
| **Primary:**Click here to enter text. |
| **Secondary:**Click here to enter text. |
| **Indicate if the project involves:**Human Subjects [ ]  Animal Experimentation [ ]  Human Stem Cell Research [ ]  |
| **Name of Candidate:**Click here to enter text. |  |

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| **List a publication in support of application. Describe body of work within publication that supports the award. Maximum 2 pages.**Click here to enter text. |

**Nomination Letter**

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| **Name of Primary Supervisor:**Click here to enter text. |
| **Provide an overview describing the impact of research on children’s health and to your field of study, and detail contribution of trainee to the publication.**Click here to enter text. |