



Randomized Controlled Trials Mentoring Program NOMINATION FORM

Name of Mentee:	
University/Institute:	
Position:	
Address:	
Telephone:	
E-mail:	
Name of Mentor:	
University/Institute:	
Position:	

Provide a non-technical summary of your mentoring project, written in simple and clear language suitable for a lay audience.

Attach to this form the following documents:

- 1) Common CV (for CIHR) for the Mentor and Mentee.
- 2) Detailed mentoring plan and description of the training environment. (Maximum 12 pages)
- 3) Summary of the mentoring plan.
- 4) Three letters of support and assessments forms from sponsors of the Mentee.
- 5) Copies of Mentee's Health professional degree and graduate research training.
- 6) Proof of professional licensure (Mentee).
- 7) Letters of support from the faculty and department of the Mentee, (if different from the Mentor).
- 8) Letters of support from the faculty and department of the Mentor.
- 9) Letters of commitment from the Mentee and the Mentor.

Send this completed form along with the above requested documents to:

The Randomized Controlled Trials Mentoring Program
 Randomized Controlled Trials Unit, CIHR
 160, Elgin Street, Room 97
 OTTAWA, Ontario
 Postal Locator 4809A
 K1A 0W9



Randomized Controlled Trial Mentoring Program – Nomination Form

Competition Date		Proposed Start Date (MM/YYYY)	
Mentee Surname		Given Name(s)	
Citizenship: Canadian <input type="checkbox"/>		Permanent Resident <input type="checkbox"/>	Other <input type="checkbox"/> If 'Other', Please specify:
University/Institution		Faculty / School & Department	
Mentor Surname		Given Name(s)	
University/Institution		Faculty / School & Department	
Institution which will administer the funds			
Descriptors: Provide up to 10 keywords to describe this mentoring program.			Language in which the proposal is written: English <input type="checkbox"/> French <input type="checkbox"/>
Mentoring Proposal Title			
It is agreed that the general conditions governing Grants and Awards as well as the statements "The Meaning of Signatures on Application Forms" as outlined in the Canadian Institutes of Health Research Grants and Awards Guides apply to any grant or award made pursuant to this application and are hereby accepted by the candidates and the candidates' institutions.			
Signatures			
Mentee		Mentor	Head of Department at Proposed mentoring University/Institution
Name:		Name:	Name:
Date:		Date:	Date:

Name of Mentee		
a) Dean of the Faculty/Head of the Institution		
In addition to authorizing this application, the Mentee's University/institute must provide letters of support for the Mentee (if different from the Mentor's). This should also include a clear-cut and definitive statement on the part of the Dean or the Head of the Institute as to his/her knowledge of the Mentee, also describing the commitment of the Faculty or Institution during and after the mentoring period.		
Name	Signature	Date
b) Head of the Department		
The Head of the Department must submit a letter of support clearly indicating how the mentoring activity will fit into the overall research plan of the Mentee's department, the ability of the Mentee and the suitability of the research environment after the mentoring period.		
Name	Signature	Date
Commitment of the Mentee		
Provide an overview describing your commitment to the proposal (maximum 2 pages). It should include:		
a) in detail, how the proposal will help you to realize your long-term goals as an independent researcher;		
b) your career expectations at the completion of the training and the contribution you plan to make at the University/Institution;		
c) how you will eventually combine research and clinical practice.		
Name	Signature	Date
Name of Mentor		
a) Dean of the Faculty/Head of the Institution		
In addition to authorizing this application, Mentor's Institution must provide a letter of support for the Mentor, (and Mentee if applicable). The letter should, include a clear-cut and definitive statement on the part of the Dean or the Head of the Institute as to his / her knowledge of the Mentor and his/her mentoring abilities, also describe the commitment of the Faculty or Institution during the mentoring period.		
Name	Signature	Date
b) Head of the Department		
The Head of the Department must submit a letter of support clearly indicating how the mentoring activity will fit into the overall research plan of the Mentor's department. The ability of the Mentor and the suitability of the research environment during the mentoring period.		
Name	Signature	Date
Commitment of the Mentor		
Provide an overview describing your commitment to the proposed mentoring plan (maximum 2 pages).		
Name	Signature	Date

Name of the Mentee and the Mentor

Detailed mentoring plan and description of the training environment.

This section should be completed jointly by the Mentor and the Mentee. Both the proposed Mentor and Mentee must sign the last page to confirm the accuracy of the proposed mentoring plan. (Attach a maximum of 12 pages)

a) Mentoring plan

b) Summary of the training environment

- Describe the milieu in which the Mentee will be placed.
- Describe the space, facilities and personnel support that is available to the research centre and the Mentee.
- Describe the unique aspects of the proposed training environment.
- Describe all activities to be undertaken by the Mentee (i.e. research, teaching, courses, supervision, seminars, clinical activities). Indicate the percentage of time to be spent on each activity using whatever timeframe (per week / month / year) that best describes the Involvement. Describe expected outcomes.

Specific questions to the mentor:

- Summarize the relevant experience of the proposed Mentor and how it relates to the mentoring plan.
- Describe and illustrate the mentoring ability of the mentor

Name of the Mentee and the Mentor

Summary of the mentoring plan and training environment

This section should be completed jointly by the Mentor and the Mentee. Both the proposed Mentor and Mentee must sign the last page to confirm the accuracy of the proposed mentoring plan. (Attach a maximum of 2 pages)

Name of Mentee

APPENDICES

NOTE: Sponsors' assessments and letters of support must be provided in an envelope, sealed at the source and preferably included with the application.

Mentee

- 1. Three sponsors' assessment forms
- 2. Three sponsors' letter of support
- 3. Copy of health professional degree **and** graduate research training
- 4. Proof of professional licensure
- 5. Copy of permanent resident document (if applicable)
- 6. Letter of support from the Dean of the Faculty/Head of the Institution of the Mentee's University/Institution, (if different from the Mentor's)
- 7. Letter of support from the Head of the Department of the Mentee's University/Institution
- 8. Letter of commitment from the Mentee
- 9. Common CV (for CIHR) for the Mentee

Mentor

- 1. Letter of support from the Dean of the Faculty/Head of the Institution of the Mentor's University/Institute
- 2. Letter of support from the Head of the Department of the Mentor's University/Institution
- 3. Letter of commitment from the Mentor
- 4. Common CV (for CIHR) module for the Mentor

List the names of the individuals providing sponsor's letters for the Mentee. Mentees must ask three individuals to provide assessments on their behalf using the appropriate CIHR forms. Additional assessments will not be considered. These should include an assessment from your most recent research supervisor(s). Give the names of the individuals whose assessments accompany this application.

Sponsor's Name / Relationship to the Mentee	Current Position Held	Institution
1.		
2.		
3.		



Name of Mentee	Name of Sponsor
Sponsor's Position / Department / Institution	Relationship of Sponsor to Mentee

SPONSOR'S ASSESSMENT OF A MENTEE FOR THE RANDOMIZED CONTROLLED TRIALS MENTORING PROGRAM

The information provided on this form is most important to CIHR in evaluating the suitability of the Mentee for the proposed mentoring program. You are therefore asked to give detailed information (both pro and con) about the Mentee. The Canadian Privacy Act stipulates that, in response to a specific request by the Mentee, CIHR must make available a copy of your assessment.

The assessment form and the letter are to be returned, in a sealed envelope, to the Mentee who in turn will enclose them as part of his / her application. Mentees need your support to ensure that the material is returned to them in a timely manner to complete their application package. CIHR will not consider late or incomplete applications.

SECTION A.

Check the boxes that most nearly represent your opinion of the Mentee in comparison with a representative group of individuals you have known who have had approximately the same training and research experience.

	Exceptional		Excellent		Very Good	Good	Acceptable	Unable to judge
	Upper 2%	Upper 10%	Upper 15%	Upper 20%	Upper 33%	Upper 50%	Lower 50%	
Motivation / Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skill at research (demonstrated)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skill at research (potential)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgement / critical sense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Originality (demonstrated)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Originality (potential)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervisory skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent research (potential)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent research (demonstrated)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signature of Sponsor							Date	



SECTION B. SPONSOR'S LETTER OF SUPPORT FOR MENTEE

In addition to completing the assessment form, please provide a letter to the CIHR with the following information:

- the period of time and in what capacity you have known the Mentee;
- your overall assessment of the Mentee relative to others having the same training;
- a discussion on the Mentee's performance during research and / or clinical training. Give specific examples of behavior to support your ratings on the assessment form. (Attach a maximum of 2 typed pages)

Please ensure that the name of the mentee appears at the top of the page with your signature and the date at the end. The letter should be typed in black as the material must be duplicated for the peer review process.

Randomized Controlled Trials Mentoring Program Registration/Application Checklist

Complete and forward this sheet with your registration/application.

NOTE: Both registration and the complete application packages must be assembled in the order listed.

ALSO NOTE: Please consult the How to Apply section of this RFA.

Complete Applications - The original application and eight (8) copies should be assembled and submitted to the address indicated below.

Name of Mentee (Principal Applicant) _____ Date _____

A: Contents required for Registration Package	B: Contents required for complete Application Package
<input type="checkbox"/> Registration Form <input type="checkbox"/> Signatures Page: All signatures required.	<input type="checkbox"/> Nomination Form <input type="checkbox"/> Signatures Page: All signatures required.
<input type="checkbox"/> Acknowledgement Page.	<input type="checkbox"/> Acknowledgement Page.
<input type="checkbox"/> Summary of the mentoring plan	<input type="checkbox"/> Detailed mentoring plan and description of the training environment (maximum 12 pages) <input type="checkbox"/> Summary of the mentoring plan
<input type="checkbox"/> Applicant consent form	<input type="checkbox"/> Sponsors' letters of support for the Mentee
Common CV (for CIHR): <input type="checkbox"/> Page 1 Cover page: One for the Mentee and another one for the Mentor. <input type="checkbox"/> Page 2 Expertise: For the Mentee and another one for the Mentor	<input type="checkbox"/> Sponsors' assessment forms for the Mentee <input type="checkbox"/> Copies of health professional degree and graduate research training of the Mentee <input type="checkbox"/> Proof of professional licensure of the Mentee <input type="checkbox"/> Copy of permanent resident document of the Mentee (if applicable) <input type="checkbox"/> Letters of support from the Mentee's University/Institute (if different from the Mentor's) <input type="checkbox"/> Letter of commitment from the Mentee <input type="checkbox"/> Letters of support from the Mentor's University/Institute <input type="checkbox"/> Letter of commitment from the Mentor
	Common CV (for CIHR): <input type="checkbox"/> All pages of the Common CV (for CIHR) are required for the Mentee and the Mentor.

Courier address:

The registration/application must be courier stamped no later than the deadline date and sent to the following address:

Randomized Controlled Trials Mentoring Program
 Randomized Controlled Trials Unit
 Canadian Institutes of Health Research
 160, Elgin Street, Room 97
 OTTAWA, Ontario
 Postal Locator 4809A
 K1A 0W9