

Randomized Controlled Trials Mentoring Program NOMINATION FORM

	Name of Mentee:	
	University/Institute:	
	Position:	
	Address:	
-		
-	Telephone:	
-	E-mail:	
-	Name of Mentor:	
-	University/Institute: Position:	
L	r Osition.	
	audience.	
	to this form the following	
		or CIHR) for the Mentor and Mentee.
	2) Detailed mentor	ring plan and description of the training environment. (Maximum 12 pages)
片	3) Summary of the	•
片	4) Three letters of	support and assessments forms from sponsors of the Mentee.
片	5) Copies of Ment	ee's Health professional degree and graduate research training.
ᆜ	Proof of profess	sional licensure (Mentee).
ᆜ	7) Letters of support	ort from the faculty and department of the Mentee, (if different from the Mentor).
ᆜ	8) Letters of support	ort from the faculty and department of the Mentor.
	9) Letters of comm	nitment from the Mentee and the Mentor.
Send th	is completed form along wi	th the above requested documents to:
T. C		M 4 4 7 8

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

PROTECTED WHEN COMPLETED

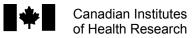
Randomized Controlled Trial Mentoring Program – Nomination Form						
Competition Date		Proposed Start Date (MM/YYYY)				
Mentee Surname		Given Name(s)				
Citizenship: Canadian Perma	nent Resident	Other If	Other', Plea	ase specify:		
University/Institution		Faculty / School &	Department			
Mentor Surname		Given Name(s)				
University/Institution		Faculty / School & Department				
Institution which will administer the funds						
Descriptors: Provide up to 10 keywords to o	describe this mentoring pro	bogram. Language in which the proposal is written: English				
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	r		Head of Department at mentoring University/Institution			
	Name:					
Name:		Name:				
Date:		Date:				

Name of Mentee						
Name of Wentee						
a) Dean of the Faculty/Head of the Ins	stitution					
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	Date					
b) Head of the Department						
	letter of support clearly indicating how the mentoring activity worf the Mentee and the suitability of the research environment a					
Name Signature Date						
Commitment of the Mentee						
Provide an overview describing your commit	ment to the proposal (maximum 2 pages). It should include:					
	realize your long-term goals as an independent researcher;					
	n of the training and the contribution you plan to make at the L	Iniversity/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 Ins	titution					
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 					

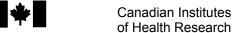
Name of the Mentee and the Mentor				
Traine of the montes and the montes				
Summary of the mentoring plan and training environment				
This section should be completed jointly by the Mentor and the Mentee. Both the proposed Mentor and Mentee must sign the last page to confirm the accuracy of the proposed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

Name of Mentee								
APPEN	DICE	S						
NOTE:	NOTE: Sponsors' assessments and letters of support must be provided in an envelope, sealed at the source and preferably included with the application.							
Mentee		an and approach						
	 Three sponsors' assessment forms Three sponsors' letter of support Copy of health professional degree and graduate research training Proof of professional licensure Copy of permanent resident document (if applicable) 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) Letter of support from the Head of the Department of the Mentee's University/Institution Letter of commitment from the Mentee 							
	9.	Common CV (for CIHR) for the Mo	entee					
Mentor								
	 Letter of support from the Dean of the Faculty/Head of the Institution of the Mentor's University/Institute Letter of support from the Head of the Department of the Mentor's University/Institution Letter of commitment from the Mentor 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 / Current Position Held Institution								
1.	IVEI	ationship to the Mentee						
2.	2.							
3.	3.							



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Name of Mentee	Name of Sponsor							
Sponsor's Position / Do	epartment / In	stitution		Relationship of Sponsor to Mentee				
SPONSOR'S ASS	SESSMENT OF	A MENTEE F	OR THE RAN	NDOMIZED C	ONTROLLED	TRIALS ME	NTORING PRO	GRAM
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 mo have known who have have have have have have have have						presentative (group of indivic	luals you
	Exce	ptional	Exce	ellent	Very Good	Good	Acceptable	Unable to
	Upper 2%	Upper 10%	Upper 15%	Upper 20%	Upper 33%	Upper 50%	Lower 50%	judge
Motivation / Initiative								
Organizational ability								
Skill at research (demonstrated)								
Skill at research (potential)								
Judgement / critical sense								
Intellectual ability								
Originality (demonstrated)								
Originality (potential)								
Interpersonal skills								
Supervisory skills								
Independent research (potential)								
Independent research (demonstrated)								
Signature of Sponsor				Date				



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

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