BANTING & BEST DIABETES CENTRE
PATRICIA L. BRUBAKER TRAINEE AWARDS 2023/2024
APPLICATION SUBMISSION INSTRUCTIONS

E-mail this application to diabetes.bbdc@utoronto.ca as one PDF document. Do not add security features to the PDF document such as password protection or document restrictions. The document should not exceed 10 MB in size.

Format for Full Abstract on Page 3 of This Application:

- Include the abstract title, names of all authors, and content of the abstract in the space provided.
- 500 words maximum (excluding words in the title, authors' names, and text in tables and figures).
- Single spaced text.
- Text size must not be smaller than 11 point font, Helvetica or similar.
- Abstract may include figures or tables as long as the abstract format is adhered to (i.e. margins and font can't be made smaller to accommodate a figure or table, and figures and tables must fit in the space provided).
- Do not include references.
- Trainees are encouraged to make full use of the space, providing an introduction/background, objectives, methods, results, and conclusions.

Format for Blind Abstract on Page 4 of This Application:

- Include the abstract **title and content only**, including any figures or tables. Do not include any authors' names, departmental affiliation, or references in the blind abstract.

APPLICATIONS MUST BE RECEIVED BY 4 PM, JANUARY 9, 2024. Late or incomplete applications will not be considered.

The BBDC will confirm all applications received by e-mail. If you do not receive confirmation of application receipt, please send a separate e-mail requesting confirmation.

Inquiries:
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E-mail: diabetes.bbdc@utoronto.ca

BANTING & BEST DIABETES CENTRE
TEMERTY FACULTY OF MEDICINE, UNIVERSITY OF TORONTO
PATRICIA L. BRUBAKER TRAINEE AWARD APPLICATION FORM 2023/2024

TRAINEE'S LAST NAME	**TRAINEE'S FIRST NAME**

COMPLETE MAILING ADDRESS:	**PHONE #:** **E-MAIL:**

TITLE OF ABSTRACT:

TRAINEE'S STATUS:

☐ **U of T Undergraduate or Medical Student**

☐ **U of T Graduate Student**

☐ **Postdoctoral Fellow** (having received a PhD within the last 8 years)

☐ **U of T Medical Resident or Clinical Fellow** (having received an MD within the last 10 years)

IS THE TRAINEE A 2023/2024 BBDC GRADUATE STUDENTSHIP OR POSTDOCTORAL FELLOWSHIP RECIPIENT?

☐ **YES**   ☐ **NO**

PRIMARY SUPERVISOR'S NAME:

PRIMARY SUPERVISOR'S MAILING ADDRESS:	**PHONE #:** **E-MAIL:**

CO-SUPERVISOR'S NAME (if applicable)**:**

DECLARATION AND SIGNATURES:

I certify that the <u>majority</u> of the research conducted in the attached abstract was conducted by the trainee named on this application, and that the trainee is the <u>first or co-first author</u>. I certify that all the information provided in this application is true and complete in every respect. I have reviewed the award terms and agree to abide by the regulations governing this competition. (Digital signatures are acceptable.)

Name of Trainee:	Name of Primary Supervisor:
Signature:	Signature:
Date:	Date:

FULL ABSTRACT (Include the abstract title, names of all authors, and abstract contents. Do not include references. Do not exceed the space below.)

BLIND ABSTRACT (Include the abstract <u>title and contents only, including any figures or tables</u>. Do not include any authors' names, departmental affiliation, or references. Do not exceed the space below.)