Name of Applicant (Last Name, First and Middle Names):

BANTING & BEST DIABETES CENTRE POSTDOCTORAL FELLOWSHIPS 2024/2025 APPLICATION SUBMISSION INSTRUCTIONS

Format: Text throughout must be single spaced and no smaller than 11 point font, Helvetica or similar.

<u>Email items 1 through 4 below to diabetes.bbdc@utoronto.ca as one PDF document in the order listed</u>. 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.

- 1. A completed and signed application form.
- 2. Copy of doctoral degree (PhD) and/or medical degree (MD or equivalent) if completed. (Note: Applicants must complete a PhD or MD by the time funding commences.) A scanned copy is acceptable.
- 3. Transcript(s)
 - Applicants who have received or will receive a doctoral degree (PhD) must provide a transcript of their graduate training.
 - Applicants who have received or will receive a medical degree (MD) must provide transcript of their health professional training. If the medical school transcript does not include grades, provide transcript of undergraduate degree program as well.

A scanned copy of an official transcript is acceptable. Both sides of the transcript should be scanned. An unofficial transcript printed from the institution's website or screenshots from the institution's website are also acceptable.

4. Proposed supervisor's CV. Provide a Canadian Common CV in CIHR format (program or academic). Limit information to the <u>past 5 years</u>. If a Common CV is not available, a University of Toronto Web CV printed in curriculum vitae format is acceptable. Limit information to the <u>past 5 years</u>.

Items to be emailed separately:

- **A.** One reference letter from the proposed supervisor. Letter should be emailed by the proposed supervisor directly to the BBDC at diabetes.bbdc@utoronto.ca.
- B. Reference letter from one individual other than the proposed supervisor (but may include co-supervisor). Letter should be emailed by the referee directly to the BBDC at diabetes.bbdc@utoronto.ca.

No other attachments will be accepted such as candidate's CV, abstracts, additional reference letters, etc.

APPLICATIONS AND REFERENCE LETTERS MUST BE RECEIVED BY 4 P.M., FEBRUARY 27, 2024. Late or incomplete applications will not be considered.

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

If you have difficulty submitting a large size application by e-mail, please contact Rose LaBarbera for alternate submission instructions.

Inquiries:

Rose LaBarbera Phone: (416) 978-4656

Email: diabetes.bbdc@utoronto.ca

BANTING & BEST DIABETES CENTRE TEMERTY FACULTY OF MEDICINE, UNIVERSITY OF TORONTO

BBDC Postdoctoral Fellowships
BBDC Fellowship in Diabetes Care (funded by Eli Lilly)
D.H. Gales Family Charitable Foundation Postdoctoral Fellowships
Novo Nordisk-BBDC Postdoctoral Fellowship
Sellers Postdoctoral Fellowship

| Applicant's Last Name: | Applicant's First and Middle Names: | | |
|---|---|--|--|
| Title of Research Project: | | | |
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| Permanent Mailing Address: | | | |
| | Phone: | | |
| | E-mail: | | |
| Candidate's status as of the application deadline date of Febr status should contact the BBDC prior to submitting an application. | | | |
| A1. PhD is pending | | | |
| A2. Received an MD, and MSc degree or PhD is pending | ng | | |
| A3 Received a PhD and has 0 to 24 months of postdoo | ctoral research experience | | |
| A4. Received both an MD and a PhD and has 0 to 24 m | onths of postdoctoral research experience | | |
| A5. Received an MD and has 13 to 24 months of postd | octoral research experience | | |
| B1. Received a PhD and has more than 24 months of postdoctoral research experience | | | |
| B2. Received an MD and has more than 24 months of postdoctoral research experience | | | |
| B3. Received both an MD <u>and</u> PhD and has more than | 24 months of postdoctoral research experience | | |
| C1. MD is pending | | | |
| C2. Received an MD and has 0 to 12 months of postdo | ctoral research experience | | |
| Present Appointment, Employer, and Name of Supervisor (include department and institution): | | | |
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| List names of collaborators on this research project: | | | |
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| Proposed Supervi | isor's Name and Full Address: | | | |
|---|--|------------|--------------------------------------|--|
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| Proposed Supervi | isor's University of Toronto Faculty a | nd Prima | ry Department: | |
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| Co supervisor if | annlicable (include name University of | Toronto f | aculty and department, and address). | |
| Co-supervisor, if a | applicable (include name, University of | i oronto i | aculty and department, and address): | |
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| DEGREES | | | | |
| | nd specialty certifications that the car | ndidate c | | |
| Degree or Certification Title | Discipline | | Institution | Date Degree Obtained or Expected (MM/YYYY) |
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| Is the candidate proceeding or planning to proceed to any additional degree? If so, specify degree, discipline, institute | | | | |
| and date expected. | | | | |
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| If granted, when will the candidate be free to commence this fellowship between July 1 and September 1, 2024? | | | | |
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| HONOURS & AWARDS List honours and awards that the candidate holds or held (include undergraduate, graduate and postgraduate): | | | |
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| Date | Award | Туре | |
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| POSTGRADUATE EXPERIE | | | |
| List chronologically all pos institutions concerned). In name of the supervisor and | stgraduate experience to date (include titles and dates on the case of research experience (including Masters, Ph d co-supervisor (if applicable), and the subject of the res terruption in a letter and insert the letter after this page. | D, and postdoctoral training) give the search. If there has been a career | |
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| PROPOSED RESEARCH TRAINING |
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| Location of Proposed Research Training (include name of department/institute and address) |
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| State distribution of the time and activities to be undertaken in this training program. |
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| Indicate the expected duration of the proposed training and its relevance to the candidate's future career. |
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| PUE | PUBLICATIONS (Page 1 of 3) | | | | |
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| Provide a numbered list of the candidate's scientific papers. Clearly separate and identify each according to the categories below. Do not exceed the three pages provided. | | | | | |
| B. C. D. | Papers in peer reviewed journals (published or accepted only). Include the impact factor of the journal. Editorials and review articles. Include the impact factor of the journal. Chapters and books Abstracts (specify whether oral or poster presentations) Manuscripts submitted (include name of journal and date of submission) | | | | |
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| PUBLICATIONS (Page 2 of 3) | |
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| PUBLICATIONS (Page 3 of 3) |
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| RESEARCH PROJECT (Page 1 of 2) |
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| Describe the rationale, objective, and give a detailed experimental approach of the proposed research. Do not exceed the 2 pages provided. Figures, if any, are to be included within the 2-page proposal. References may be added on page 11 of this application form. |
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| RESEARCH PROJECT (Page 2 of 2) |
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| REFERENCES FOR RESEARCH PROJECT |
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| Use this page to list references only. Do <u>not</u> exceed this page. |
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| RELEVANCE TO DIABETES | | | |
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| Explain how this project is directly relevant to diabetes. Do not exceed this space. (This funding program supports original discovery-based fundamental or clinical research in diabetes that would be published in peer-reviewed scientific journals. Research proposals can include any aspect of laboratory, animal, human, or clinical or health services research. Areas of research which are considered relevant to diabetes include the pathogenesis of diabetes or its complications, homeostatic or pathological pancreatic islet function, or metabolism, pharmacological mechanisms of drug or hormone action, biochemical or molecular aspects of biological or pathological processes, or research in population health or health services.) | | | |
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| ONE REFERENCE LETTER FROM PROPOSED SUPERVISOR | | | |
|--|-----------------------------|---------------------------|---|
| A letter of support for the candidate is required from the proposed supervisor. The letter should be emailed directly to the BBDC at diabetes.bbdc@utoronto.ca by the proposed supervisor. Note to Supervisors: Please comment on the candidate's characteristics and abilities (i.e., critical thinking, independence, perseverance, originality, organizational skills, interpersonal skills, leadership, communication skills, initiative, motivation, interest in discovery, research ability) | | | |
| ONE REFERENCE LETTER FROM ANOT | HER INDIVIDUAL | | |
| In the space below, list the name, professional title, and institution of one individual (other than the proposed supervisor but may include co-supervisor) whom the candidate has asked to forward an assessment of his/her past performance. The letter should be emailed directly to the BBDC at diabetes.bbdc@utoronto.ca by the referee. Note to Referee: Please comment on the candidate's characteristics and abilities (i.e., critical thinking, independence, perseverance, originality, organizational skills, interpersonal skills, leadership, communication skills, initiative, motivation, interest in discovery, research ability) | | | |
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| NAME OF INSTITUTION AND FINANCIAL | OFFICER WHO WILL | _ ADMINISTER THE F | UNDS |
| The funds are to be administered by the ins hospital). | titution where the rese | arch will take place (i.e | ., the University of Toronto or affiliated |
| Name of Institution: | | Name of Financial C | Officer: |
| | | | |
| Address of Research Finance Office: | | | |
| | | Phone: | |
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| | | E-mail: | |
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| SIGNATURES: | | | |
| I have reviewed the terms and conditions and agree to abide by the regulations governing this award, if granted. I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that the BBDC will not release funding to successful applicants who have not completed a PhD or MD degree at the time of commencement of funding. | | | |
| Digital signatures are acceptable. | | | |
| Candidate | Proposed Primary Supervisor | | University Department Chair <u>or</u> Hospital Research Institute Director |
| Print name: | Print name: | | Print name and title: |
| | | | |

Signature:

Date:

Signature:

Date:

Signature:

Date: