**Hamilton Health Sciences Research Early Career Awards**

**APPLICATION FORM –** Year 1 New Award

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| Applicant Information Canadian Common CV (CCV) attached  (select CIHR draft form) 1. Are you an HHS Employee? Yes  Employee ID#       or,  2. Are you a member of the HHS Medical Staff? Yes  (HHS must be your primary facility)  3. Are you a member of a Joint HHS/McMaster Research Institute? | | |
| Name: | Email: | |
| Home Address:  Street:       Unit#  City:       Prov:  Country:       PC | Work Address:  Street:  City:       Prov:  Country:       PC | |
| Home Phone: | Work Phone: | |
| Year of First Faculty Appointment (**physician must hold full-time appointments but members of other clinical health professions with part-time appointments will also be considered)**       (DD/MM/YR) First Academic Institution       Country | | |
| Do you self-identify as a member of an under-represented minority? Yes  No | | |
| Professional Credentials  MD PhD RN Other : | | |
| Research Specialty/Area**:** | | |
| Other Career Awards Held: Date Received:  1.       1.  2.       2. | | |
| Other Career Awards Applied for:  1.  2. | | Expected Result Date:  1.  2. |
| Mentor Information (must be full time/active researcher at HHS/McMaster University) Canadian Common CV (CCV) attached | | |
| Name:  Title: | | Email: |
| Work Address:  Street:  City:       Prov:  Country:       PC | | Work Phone: |
| Research Area (disease/specialty): | | |
| Professional Credentials  MD PhD RN Other : | | |
| **HHS Program(s) or Services(s) proposed research project is linked/related to:**  [Please select the most appropriate that is/are applicable]  Clinical Programs  Cardiac & Vascular  Mental Health  McMaster Children’s Hospital  Adult Specialty Services  Oncology (Digestive Diseases, Women’s Health, Ambulatory Care)  (Surgery, Hematology, Radiation, Medicine)  Seniors Health & Complex Care  Neurosciences & Trauma  Critical Care  Rehabilitation & Orthopedic  Other  Clinical Services  Diagnostic Services  MCH-Neonatal ICU  Emergency Medicine  HRLMP (Laboratories)  Pharmacy  Peri-Operative (surgery)  MCH-Child Acute Care  Other  MCH-Child Developmental & Mental Health | | |
| **Applicants are Responsible for sending the following documents 1 through 7 (in the order specified below) as ONE pdf file PLUS original MS Excel Budget file:**   |  |  |  | | --- | --- | --- | | 1. | [Application form (1 page)](https://www.hamiltonhealthsciences.ca/research) |  | | 2. | Detailed Budget & Funding Description (2 pages) |  | | 3. | Role of Scientific Mentor |  | | 4. | [Complete the ECA Lay Summary Template](https://www.hamiltonhealthsciences.ca/research/) (2 pages) evaluated by Patient Advisors for Research |  | | 5. | Description of Research program (½ page) |  | | 6 | Research plan (6 pages) – excludes references/appendices/collaboration letters etc.  •Research plan should include: 1) Purpose and Background; 2) Objectives; 3) Design and Methods; 4)Analysis Plan (including sex and gender-based analyses; and 5) Proposed Timeline  •References – limited to 2 pages Note: format for references has changed to the Vancouver style. To help you frame your references please see here.  •Up to 3 Appendices may be included, each limited to 2 pages in length |  | | 7. | References – limited to 2 pages Note: the format for references has changed to the Vancouver style. To help you frame your references please see [here](https://urldefense.com/v3/__https:/michener.ca/students/library/referencing-writing-help/vancouverstyle/__;!!JB7FzA!f8YBMlRwNngtlKm1lJZLXqC3YHtROG8TWU_Ae1Jku3mqZHNyBi1B1gUGDSIred-H$) |  | | 8. | Up-to-date full Canadian Common CV (CCV) of Candidate (select CIHR draft form) |  |   Mentor CV, Mentor and Support Letters must be sent by each individual author, as a pdf file, via email to careerawards@hhsc.ca with the subject line marked “ECA – surname of applicant”. Letter are to be addressed to the attention: Dr. Jeff Weitz, ECA Chairperson - Scientific Review Board   |  |  |  | | --- | --- | --- | | 9. | Up-to-date BioSketch Canadian Common CV (CCV) of Mentor |  | | 10. | Mentor Nomination Letter (sent directly from mentor) |  | | 11. | Two letters of Assessment (sent directly from assessors) |  | | | |
| Title of Project: | | |
| Date of Application: | | |
| Name of Mentor: | | |
| Name of HHS Department Chief or HHS Program Director | | |

**Revised January 2022**