

Research Training Centre (RTC)

RESEARCH TRAINING CENTRE (RTC) TOP-UP AWARD FORM FOR SUPERVISOR

Please email your completed form to rtc@smh.ca or rtc@unityhealth.to

Instructions:

- 1. This form must be filled out by the LKSKI/KRC scientist, who is the primary supervisor of the trainee, and **should be emailed from the supervisor's email directly to** <u>rtc@smh.ca</u> or <u>rtc@unityhealth.to</u>
- 2. Please indicate in the subject of the email the name of your trainee applying for the top-up award using the naming convention **Firstname_Lastname_RTCTopUpAward**.

Trainee Information:		
Full name of Trainee:		
Supervisor Information:		
Full Name:		
Email address:		
Eligibility and conditions o	f receiving the RTC Top-up	o Award
Health Toronto (UHT). The supervisor must have a promote a promote and the supervisor must have a promote at least strainees who hold external scalar arrainees who have an external scalar arrainees.	imary affiliation (appointment) at Least be in part paid through UHT pholarships or fellowships ≥ \$10,00 I scholarship application under rev	CKSKI/KRCBS as a Scientist or Investigator payroll from an SMH account. O CAD/calendar year (e.g., CIHR) are NOT eligible. View are eligible to apply. However, the RTC must be given to applicants who have not received external
		applying for this award. egular participants at RTC and SRSA events will be
Supervisor Attestation:		
 You confirm that this is a to You are committed to supe You verify that the trainee You will ensure that in case 	ervise and fund the trainee. is currently being paid through e of a successful application, the solicy for the top-up. Please revi	T part of the trainee's base funding
receiving the award. • Supervisors whose trained	ry bench) research are expected	 IBBME DLSPH IHPME RSI Ro present at the RTC seminars within a year of ected to actively participate in the work of the RTC (e.g. ninars).
Please check off the follo	wing attestation and sign k	pelow (signature required)
☐ I hereby declare that all inform understanding.	ation given on this application is tr	ue and accurate representation to the best of my op-up Award and confirm my trainee is eligible to apply
Supervisor Name (please print)	Supervisor Signature	 Date