

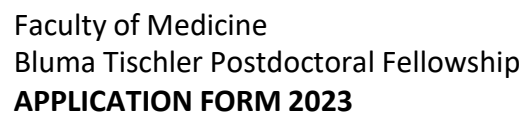
Applicant Employee ID

Begin with your present appointment and list each appointment held since your first degree (e.g. Postdoctoral Fellow, Research Assistant, etc.)

[illegible]

Please list in chronological order (Newest to oldest)

[illegible]



Begin with your most recent award and list only competitive awards based on academic or research excellence and/or leadership or communications abilities.

[illegible]



Faculty of Medicine
Bluma Tischler Postdoctoral Fellowship
APPLICATION FORM 2023

Publications

Begin with your most recent contributions and list each entry on a new line. Do not include any articles that are currently in preparation or those on which you do not appear as an author. Note that as the review process will be blind, **you should not use gender-specific pronouns or similar identifying characteristics**, including your name (list instead “The PDF” as needed).

Use the following headings in the order indicated:

- a) Articles published or accepted in refereed journals
- b) Articles submitted to refereed journals
- c) Other refereed contributions
- d) Non-refereed contributions



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Please provide a brief summary of your proposed research project, including its relevance to the field of biochemical and/or genetic aspects of intellectual developmental disorders or other neurological disorders. Note that as the review process will be blind, **you should not use gender-specific pronouns or similar identifying characteristics**, including your name (list instead “The PDF” as needed). 750 words maximum.



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Please provide a brief personal statement (750 words maximum) that discusses:

- a) Your career goals;
- b) How this research will contribute to your future achievements and productivity;
- c) Relevant activities (e.g. teaching, certifications, supervision/mentorship, seminars, leadership, etc.).

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The undersigned agrees that the general conditions governing all funding of these awards as set out in the enclosed guidelines apply to any award made pursuant to this application and are hereby accepted by the applicant and the department in which the fellow is receiving the training.

Note that as a part of the blind review process, this final page will be redacted from your adjudication package and is for administrative purposes only.

PDF Signature	Supervisor Signature
PDF Name (printed)	Supervisor Name (printed)
Date	Date

Department Head Signature
Department Head Name (printed)
Date