



FACULTY OF GRADUATE AND POSTDOCTORAL STUDIES  
KILLAM CENTRE FOR ADVANCED STUDIES  
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[www.ualberta.ca/graduate-studies](http://www.ualberta.ca/graduate-studies)

UofA ID (if applicable)	Prefix	Applicant Last Name (Surname)	First (Given) Name		
Email address (required; UAlberta will use this information as the initial point of contact)		Telephone number			
Address (Street/Apt, City, Province/State, Postal/Zip Code)		Country			
Country of Origin	Country of Citizenship	Canadian Citizenship Status			
<b>*The following information is for statistical purposes only. If you do not wish to disclose part or all of this information please leave preferred fields blank</b>					
Identified Population Group(s) ( <i>Arab, Black, Chinese, Filipino, Indigenous (First Nations, Métis and/or Inuit), Japanese, Korean, Latin American, South Asian, Southeast Asian, West Asian, White, Other – specify</i> )					
Parental Status	Gender	Preferred Pronouns			
Proposed UofA Department or non-departmentalized Faculty		Other – Research Institute/Centre			
Name of Proposed UofA Supervisor		Proposed UofA Supervisor's email			
Name of Proposed UofA Co-Supervisor (If applicable)		Proposed UofA Co-Supervisor's email (If applicable)			
<b>Proposed start date of postdoctoral appointment at the UofA -- Start Date (MM/DD/YYYY):</b>					
<b>NAMES &amp; INSTITUTIONAL AFFILIATION OF THREE REFERENCES</b>					
<i>*Confidential Letters of Appraisals are to be sent directly to GPS Award Services (<a href="mailto:grad.awards@ualberta.ca">grad.awards@ualberta.ca</a>)</i>					
Full Name of Referee	Position	Department & Institution			
<b>ACADEMIC BACKGROUND:</b> begin with the highest degree first and all other in reverse chronological order, based on start date. <i>*If you have not yet completed your doctoral degree, indicate your estimated completion date</i>					
Name of Institution	Location	Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)	Degree Program	*Date Degree conferred or expected (MM/DD/YYYY)

**OTHER AWARDS APPLIED FOR:** (Yes or No required; please do not leave blank)

Have you applied/do you plan to apply for other postdoctoral fellowships programs? (ex. other Alberta Innovates programs; Izaak Walton Killam or Grant Notley Memorial Fellowships [UofA]; Banting/CIHR/NSERC/SSHRC; MITACS; Canadian Blood Services; other university/external funding sources)

Yes                      No

**If Yes, please indicate name of fellowship(s) you have applied for and attach your feedback and/or ranking from the previous fellowship competition (if available):**

Name of Fellowship or Award	Value	Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)

**Title of Project Proposal** (please do not leave blank)

**PROJECT ELIGIBILITY CRITERIA:** To qualify for funding proposed projects must involve health-related R&I activities that are strongly aligned to at least one of the following strategic priorities; check all that apply (do not leave blank) and include statement on relevancy in your project proposal attachment:

**Priority 1:** Digital & Data-Enabled (D&DE) Health Research

**Priority 2:** Advancing D&DE Tools and Methods

**Priority 3:** Health Technology Acceleration

**Priority 4:** Technology & Data-Enabled Health System Transformation

**Other:** Falls under health-related research priorities as defined by the university (department priorities, faculty priorities, or institutional priorities):

**If Other, provide a description of how your project is related (use only the space provided). This section is for applicants checking 'Other' criteria only, and does not apply for Priorities 1-4. Use of this space other than its intended use will be redacted.**

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**APPLICANT SIGNATORY**

I give the University of Alberta permission to communicate with Alberta Innovates about my application. This may include sharing my application materials with Alberta Innovates, as well as the results of internal application review processes conducted by the University of Alberta.      Yes      No

**Attach all Required Document Attachments in the SAME order AFTER this form to complete the application** *(please read instructions before completing this section):*

- |  |  |
|--|--|
| <p><b>1) Project Proposal (1 pg max)</b></p> <p><b>2) Summary of Career Goals (1 pg max)</b></p> <p><b>3) Applicant CV</b></p> | <p><b>4) Supervisor Statement of Support</b></p> <p><b>5) Copy of Fellowship Competition Results (if applicable)</b></p> <p><b>6) Copy of Doctoral Degree Certificate (or letter confirming degree requirements have been met)</b></p> |
|--|--|

**\*3 Letters of Reference sent to [grad.awards@ualberta.ca](mailto:grad.awards@ualberta.ca) directly by referee**

**DECLARATION:** I declare that, to the best of my knowledge, the information provided in this application and attachments is true and that no material has been withheld.

Applicant's Signature (electronic or hand-written)	Date (MM/DD/YYYY):
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**SUPERVISOR SIGNATORY**

**Supervisor Declaration:** By signing this form, I confirm that: 1) I have reviewed the listed applicants' AB Innovates Application package. 2) Supplemental benefits are not an allowable expense under the AB Innovates funding contract. As per the PDF Collective Agreement, the supervisor or department will be responsible for covering the cost of supplemental benefits for the postdoctoral researcher. A speed code will be required to be provided to GPS if the applicant is offered a fellowship.

Supervisor's Signature (electronic or hand-written)	Date (MM/DD/YYYY):
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Personal information on this form is collected under the authority of Section 33(c) of Alberta's Freedom of Information and Protection of Privacy Act for authorized purposes including admission and registration; administration of records, scholarships and awards, student services; and university planning and research. Students' personal information may be disclosed to academic and administrative units according to university policy, federal and provincial reporting requirements, data sharing agreements with student governance associations, and to contracted or public health care providers as required. For details on the use and disclosure of this information call the Faculty of Graduate Studies and Research at 780-492-3499 or see <http://www.ipu.ualberta.ca/>.