



MANITOBA HEALTH RESEARCH COUNCIL

205-445 Ellice Avenue
Winnipeg, MB R3B 3P5
Phone: 204-775-1096 Fax: 204-786-5401
E-mail info@mhrc.mb.ca

PHD DISSERTATION AWARD APPLICATION

APPLICATION DEADLINE: February 1, 2012

General Information

Before completing this form read the MHRC Awards Guide 2012 available from our website. The guide outlines the eligibility, requirements and defines the purpose of the PhD Dissertation Award.

Requirements and conditions are spelled out in the Awards Guide. Sponsoring institutions, applicants and their supervisors are expected to be aware of these requirements and conditions and abide by them. Please contact our office to clarify any unclear directive.

Completing and Submitting the Application Form

- This application form is available in electronic PDF format on our Web site
- (www.mhrc.mb.ca) under "Programs".
- **NOTE: PhD Dissertation applicants are required to submit an updated hardcopy of their Common CV (including appropriate number of copies) as part of their MHRC application.**
- Ensure all requisite signatures are provided and all sections of the application are complete. Omissions may result in declined applications.
- In completing this application use a size 12 font to provide readability for all reviewers.
- Submit two (2) paper copies of the completed application (counting the original). Copies should be legible and stapled in the upper left hand corner.
- All required documentation must be attached to the application. We will not duplicate any material, excluding transcripts and letters of assessment that are sent directly to the office, on behalf of the applicant.
- The deadline for:
 - the application is 5:00 p.m. on February 1, 2012
 - the transcripts and reference letters is 5:00 p.m. on February 15, 2012

Contact Information:

E-mail: info@mhrc.mb.ca
Internet: www.mhrc.mb.ca
Phone: (204) 775-1096
Address: 205-445 Ellice Avenue
Winnipeg, MB R3B 3P5

PhD Dissertation Award Application Form Checklist

The checklist is intended to assure both the applicants and MHRC office that the enclosed application is complete. Complete the form by using a check mark to indicate the requirements have been met.

Attached /Done	N/A	REQUIREMENTS
		Two (2) of the application including the original
		Two (2) copies of the Common CV are submitted
		Required Signatures (form items # 3, 14 and this check list)
		Transcripts (undergraduate and graduate) attached
		Transcripts to be forwarded
		Education section completed
		Advisory committee listed
		Three letters of assessment have been requested
		Description of research program does not exceed three pages
		ONE COPY of the research proposal approved by your advisory committee is submitted with your application. This copy is attached to the original application
		A detailed budget has been provided
		This checklist has been attached to the original copy of this Application

APPLICANT'S NAME	SIGNATURE	DATE

MANITOBA HEALTH RESEARCH COUNCIL PhD DISSERTATION AWARD APPLICATION FORM

1. Application Information

Last Name:	First Name	Title:
Department:		
Faculty:		
University/Institution:		
Mailing Address: (street address, city, province and postal code if other than a departmental address)		
Phone:	FAX:	E-mail:

2. Proposed Project

TITLE/Field of Proposed Research Training:	
Department (Location of proposed research training)	Supervisor:

3. Supervisor:

By signing this application the supervisor confirms:

- he/she has agreed to serve as the applicant's supervisor
- the applicant has completed all the relevant course work
- the applicant's advisory committee has approved the applicant's research proposal.

Only two applications will be accepted per supervisor per competition. Where a supervisor signs two applications, Council may ask him/her to rank the two applicants if the relative rating is not clear from the letters of assessment.

NAME	SIGNATURE	DATE(S)
Supervisor:		
Department Head:		

Applicant Name

4. Education

Academic Transcripts:

Attached

To be forwarded

5. Current Program

a) Indicate the program you are currently registered in, how long you have been in the program and when you expect to complete the requirements for a PhD degree.

b) Provide a list of proposed milestones for the completion of the Dissertation (e.g., Develop Questionnaire- Mar 1 to Apr 30; Test Questionnaire- May 1 to May 20; Revise Questionnaire- May 20 to May 30; Train interviewers- June 1 to June 30; etc.).

--

Applicant Name

6. Advisory Committee

Members	Name	Position	Department
Supervisor:			
Others:			

7. Letters of Assessment

Give the names of the three individuals whom you have asked to provide assessments of your past performance and future potential.

It is the applicant's responsibility to ensure three letters of assessment reach Council by February 15, 2012. One of the letters must be from your supervisor and the other two from members of your advisory committee. The letters can either be sent directly to Council by the assessors or they can be collected by the applicant in sealed envelopes with the signature of the assessor on the sealed flap of the envelope. E-mailed assessment letters must be followed by a mailed original.

8. Description of Research Project

The description of the research proposal should be an abridgement of the research proposal previously approved by the applicant's advisory committee. A copy of the research project must be appended to the original copy of this application and should address the following points:

- It must be written by the applicant after consultation with the proposed supervisor
- In the description of the project clearly indicate the rationale and methodology for the proposed study. A clear description of your research proposal is important in order that the committee can adequately evaluate your application
- The description must not exceed three pages. Please append the three pages.
- The research proposal should adequately reference the published literature (3 page limit does not include references).

--

Applicant Name

9. Proposed Budget

Applicant Name

Please provide a detailed budget and clear justification for the proposed use of the funds being requested (attach page(s) as necessary).

	AMOUNT
Services (e.g., printing, statistic)	
Personnel (e.g., interviewers, transcribers)	
Travel (to remote site)	
Equipment (e.g. tape recorder, camera, computer software program)	
Supplies	
TOTAL	

Requests for the purchase of equipment will be limited to **\$2500 MAXIMUM** and will only be considered if the equipment is not available from any other source and the research cannot be completed without it. Equipment purchased with MHRC funds is vested in the name of the sponsoring institution.

10. Please sign your application

Signature of Candidate	Date

--

Applicant Name

**ACKNOWLEDGMENT OF RECEIPT OF 2012 DISSERTATION AWARD APPLICATION:
(Include this page at the end of the original application only)**

Applicant's Name:
Title of Research:

ACKNOWLEDGMENT: Acknowledgment by MHRC of receipt of your application to be sent to:

--

(Give name and mailing address; departmental address preferred)

**MANITOBA HEALTH RESEARCH COUNCIL
ASSESSMENT OF CANDIDATE – DISSERTATION AWARD**

Name of applicant:

Proposed supervisor:

The assessment letter should provide detailed information which will aid in evaluating the candidate's suitability for training in health sciences research. Please indicate for how long and in what capacity you have known the applicant and comment on strengths and weaknesses as they relate to the applicant's aptitude and skills at research.

PLEASE RETURN ASSESSMENT LETTER TO APPLICANT IN SEALED ENVELOPE (signed on the sealed flap) for forwarding to Council by the applicant

OR

MAIL ASSESSMENT LETTER DIRECTLY TO:

Manitoba Health Research Council
205-445 Ellice Avenue
Winnipeg, MB R38 3P5

Telephone: (204) 775-1096
FAX: (204) 786-5401
E-mail: info@ mhrc.mb.ca

NB: All original letters complete with referees signature must be forwarded to the Manitoba Health Research Council by mail. An e-mailed or faxed reference letter is not sufficient.

PLEASE NOTE: It is the applicant's responsibility to ensure that three letters of assessment are submitted in support of his/her application. Council will not follow-up with individuals whom the applicant has asked to submit assessments of his/her past performance and future potential.

ASSESSMENTS MUST REACH COUNCIL NO LATER THAN FEBRUARY 15,2012.

**MANITOBA HEALTH RESEARCH COUNCIL
ASSESSMENT OF CANDIDATE – DISSERTATION AWARD**

Name of applicant:

Proposed supervisor:

The assessment letter should provide detailed information which will aid in evaluating the candidate's suitability for training in health sciences research. Please indicate for how long and in what capacity you have known the applicant and comment on strengths and weaknesses as they relate to the applicant's aptitude and skills at research.

PLEASE RETURN ASSESSMENT LETTER TO APPLICANT IN SEALED ENVELOPE (signed on the sealed flap) for forwarding to Council by the applicant

OR

MAIL ASSESSMENT LETTER DIRECTLY TO:

Manitoba Health Research Council
205-445 Ellice Avenue
Winnipeg, MB R38 3P5

Telephone: (204) 775-1096
FAX: (204) 786-5401
E-mail: info@ mhrc.mb.ca

NB: All original letters complete with referees signature must be forwarded to the Manitoba Health Research Council by mail. An e-mailed or faxed reference letter is not sufficient.

PLEASE NOTE: It is the applicant's responsibility to ensure that three letters of assessment are submitted in support of his/her application. Council will not follow-up with individuals whom the applicant has asked to submit assessments of his/her past performance and future potential.

ASSESSMENTS MUST REACH COUNCIL NO LATER THAN FEBRUARY 15,2012.

**MANITOBA HEALTH RESEARCH COUNCIL
ASSESSMENT OF CANDIDATE – DISSERTATION AWARD**

Name of applicant:

Proposed supervisor:

The assessment letter should provide detailed information which will aid in evaluating the candidate's suitability for training in health sciences research. Please indicate for how long and in what capacity you have known the applicant and comment on strengths and weaknesses as they relate to the applicant's aptitude and skills at research.

PLEASE RETURN ASSESSMENT LETTER TO APPLICANT IN SEALED ENVELOPE (signed on the sealed flap) for forwarding to Council by the applicant

OR

MAIL ASSESSMENT LETTER DIRECTLY TO:

Manitoba Health Research Council
205-445 Ellice Avenue
Winnipeg, MB R38 3P5

Telephone: (204) 775-1096
FAX: (204) 786-5401
E-mail: info@ mhrc.mb.ca

NB: All original letters complete with referees signature must be forwarded to the Manitoba Health Research Council by mail. An e-mailed or faxed reference letter is not sufficient.

PLEASE NOTE: It is the applicant's responsibility to ensure that three letters of assessment are submitted in support of his/her application. Council will not follow-up with individuals whom the applicant has asked to submit assessments of his/her past performance and future potential.

ASSESSMENTS MUST REACH COUNCIL NO LATER THAN FEBRUARY 15,2012.