

Form for Supervisor

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 rtc@smh.ca**. Please indicate in the subject of the email the name of your trainee applying for the top-up award.

By signing this form you agree that:

- You are committed to act as the trainee's supervisor
- You **verify that the trainee is currently being paid through SMH payroll (see note below)**
- You will ensure that in case of a successful application, the \$2000 will be used to **top-up the trainee's stipend/salary in accord with the regulations of the graduate school or St. Michael's Hospital policies; and will comply with U of T policy for top-up**. Please review the department guidelines below.
 - Stipend Top Up Funding Policies for:
 - [IMS](#)
 - [IBBME](#)
 - [Physiology](#)
 - [DLSPH](#)
 - [Biochemistry](#)
 - [IHPME](#)
 - [LMP](#)
 - [RSI](#)
- The trainee is expected to present at the RTC seminars within a year of receiving the award. Supervisors whose trainees receive an RTC award are expected to actively participate in the work of the RTC (e.g. as a reviewer, research day judge and by attending the seminars)

Eligibility and conditions of receiving the RTC support

- The supervised trainee must be registered at a graduate school and perform research full time;
- The trainee must be under the supervision of an LKSKI/KRC scientist;
- **The trainee's stipend must at least be in part paid through UHT payroll**. This award will be paid directly to your trainee and will be used as a top-up for your trainees
- Note: We welcome applications from trainees who are not on SMH payroll if they are beyond their funding limits through their university (>5 years into their program). If this applies to your trainee please initial here ____ and indicate "not paid through UHT in the table below.
- Trainees who have received the RTC Top Up award previously are not eligible

Please complete the table below by providing the activity/activities that are used to pay your trainee's payroll at Unity Health Toronto:

Company (i.e. X)	AU (i.e. XX)	Activity (i.e. XXXXX-XXXXX)	Percentage Charged (%)

Please check off the following attestation and sign below (signature required):

I have read the eligibility criteria listed above for the [2022 RTC Scholarship](#) and confirm my trainee is eligible to apply.

_____ [Click here to enter a date.](#)

Supervisor Name (please print)

Supervisor Signature