

2022 TOP-UP AWARD APPLICATION FORM

Trainee Level and Research Type			
Please state your trainee level (Masters or PhD):		Please state your research type (wet bench or dry bench):	
Personal Information			
First name:		Last name:	
Street address:		Cell Phone no: ()	
Apt #:	City:	Province:	Postal Code:
Email Address:			
Academic Information			
Please indicate name of Graduate School (if applicable):		Lab Location (if working onsite):	
Name of Hospital Supervisor:			
Start Date:	End Date:	Lab Extension:	
Please confirm that you are paid through Unity Health Toronto payroll:		<input type="checkbox"/> Yes	
What is your employee ID: _____			
Research Project			
Project Title:			
Have you received an RTC scholarship before?			
Participation in trainee life			
Have you presented or facilitated an RTC seminar in 2021-2022 (March 2021 – February 2022)? Will you be presenting at an RTC seminar in 2022?			
Please list all the RTC or SRSA workshops you attended in 2021?			
Did you participate as a reviewer in the SRSA internal peer review program or mentorship this year? If so, how many applications have you reviewed?			
Please list other Unity Health Toronto committees you participated in this between January – December 2021			
Please list any other SRSA-related tasks you have performed:			

Signature _____

Date: _____