

Supervisor Agreement Form for Postdoctoral Fellows Applying for Research Grants

Postdoctoral Fellow Information

Full Name:		
Research Department/Program:		
Email Address:		
Postdoc contract term:	Start Date:	End Date:
<input type="checkbox"/> I will be the Principal Investigator (PI) on this grant application.		

Supervisor Information

Full Name:		
Email Address:		
<input type="checkbox"/> I agree to be the Co-Principal Investigator (Co-PI) and Account Holder on this grant application.		

Grant Application Information

Grant Name:		
Granting Agency:		
Requested Amount:		
Application Deadline:		
Term of the Grant (if awarded):	Start Date:	End Date:

By signing this form, the supervisor confirms to:

- be the Co-Principal Investigator of this grant application
- be responsible for any staff hired for this grant
- be responsible for the fiscal management of the account related to this grant
- sign any contracts required for the grant
- remunerate the postdoc's salary for the term of the award in accordance with the postdoc's employment contract. **NOTE:** The postdoc's contract should not extend beyond 4 years (provided there were no leaves).
- continue with responsibilities of the award if the postdoc is no longer able to continue their role as Principal Investigator

By signing this form the postdoctoral fellow acknowledges that if the application is successful:

- no additional space will be granted by Unity Health Toronto
- no scientist appointment will be offered by Unity Health Toronto
- the postdoc is not allowed to apply for other non-postdoc grants
- the postdoc should consider this opportunity as a transition period to find a scientist position and apply for scientist opportunities during the grant term, including opportunities at Unity Health Toronto should they become available. **NOTE:** Unity Health Toronto will transfer the grant to another institution if the postdoc is successful in obtaining a scientist position.

Signatures

Postdoctoral Fellow Signature

Date

Supervisor Signature

Date

Institutional Approval

Authority Name

Signature

Date