

## RESEARCH TRAINING CENTRE (RTC) TOP-UP AWARD APPLICATION FORM

Please email your completed application form to [rtc@smh.ca](mailto:rtc@smh.ca) or [rtc@unityhealth.to](mailto:rtc@unityhealth.to)

Trainee Information	
Full Name: _____ Employee ID: _____ Email Address: _____	Position: <input type="checkbox"/> Graduate Student, MSc <input type="checkbox"/> Graduate Student, PhD Type of Research: <input type="checkbox"/> Clinical (Dry Bench) Research <input type="checkbox"/> Basic (Wet Bench) Research
Research Institute/Lab location: <input type="checkbox"/> Li Ka Shing Knowledge Institute <input type="checkbox"/> Keenan Research Centre <input type="checkbox"/> Other _____	Start Date:  Proposed End Date:
Please confirm that you are paid through Unity Health Toronto payroll: <input type="checkbox"/> Yes	
Supervisor Information	
Full Name: _____ Email Address: _____	Research Institute: _____ Lab/Office Tel #: _____
Trainee Academic Information	
Project Title:	
Have you received an RTC Top-Up Award before?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", was it during your MSc or PhD?: _____
Do you currently hold other external awards, scholarships, or fellowships (e.g., CIHR)?  *Funding from the supervisor is excluded from this.	<input type="checkbox"/> Yes <input type="checkbox"/> No If answered "Yes", indicate the type, amount, and duration: _____
Participation in Trainee Life	
Have you presented or facilitated at a KRC seminar (e.g. RTC Clinical (Dry Bench) Seminar, RTC Basic (Wet Bench) Seminar, or "6 <sup>th</sup> floor Organ Injury Series") in the 2022 calendar year (January – December 2022)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you scheduled to present at an <b>RTC Clinical (Dry Bench)</b> seminar or the <b>6<sup>th</sup> floor Organ Injury</b> Seminar in 2023?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list all the RTC or SRSA workshops you attended in 2022?	
Did you participate as a reviewer in the SRSA internal peer review program in 2022? If so, how many applications have you reviewed?	
Did you participate in the SRSA mentorship program as a mentor in 2022?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list other Unity Health Toronto committees you participated in between January – December 2022	
Please list any other RTC-SRSA-related tasks you have performed:	
I affirm that the provided information and attached materials are true and accurate representations to the best of my understanding.	
Signature of Trainee: _____	Date: _____