

Graduate Student Funding Opportunity

A mandate of NL SUPPORT and Quality of Care NL is to foster an atmosphere of learning, capacity development and sustainability within patient-oriented research. Under this mandate, we will endeavor to nurture the next generation of methodologists and researchers, as well as provide career development for the current cohort of researchers and staff. To that end, NL SUPPORT and Quality of Care NL will provide support in the form of graduate student fellowships each year.

The NL SUPPORT Educational Funding review committee is responsible for publishing a call for students at both the master's and doctoral study levels; students who are presently in master's programs will have an opportunity to apply for PhD funding and continue their studies in their area of interest. The review committee aims to hold a bi-annual Studentship Competition in the Spring and Fall.

The role of the review committee will be to review the applications to determine their value within patient-oriented research and to approve funding. Applications will be reviewed by the committee and a decision made by majority vote. Applicants will be informed of the committee's decision by email (such notification will also be copied to applicants' supervisors).

Eligibility

This funding is open to current trainees doing translational, applied or other patient-oriented research **only**; no funding is available for basic science research. Graduate student applicants must be accepted as a full-time student at Memorial University before the funding can be made available. The proposed research project (thesis) to be undertaken by the student must pertain to [NL SUPPORT](#), [Quality of Care NL](#) or [Health Accord NL](#) projects; applicants are not required to have already engaged patients in their research, but a focus on patient-oriented research including active patient engagement is a requirement. Applicants must be within the first 12 months of their master's program or the first 24 months of their PhD program to qualify for support.

One assistance funding per funding call will be designated for research led by an Indigenous student and/or in partnership with an Indigenous community or communities. Please ensure you follow Memorial University's new [Policy on Research Impacting Indigenous Groups](#) when conducting research that involves and potentially impacts Indigenous communities.

Tenure and Value of Studentship

Funding will be available to successful applicants starting in January 2023, and is valid for two years for master's and three years for PhD recipients. The value of this funding will be up to \$14,000/year (pro-rated) for master's students and \$18,000/year (pro-rated) for PhDs. While successful candidates can hold their studentship concurrently with other awards, total funding, including other awards and baseline funding, cannot exceed these amounts, and this assistance funding will be adjusted during its duration to ensure it remains at these funding caps.

How to Apply

Please submit your application package in an electronic format to Aimee Roebathan and Chelsey McPhee:

Aimee.Hand@med.mun.ca and chelsey.mcphee@med.mun.ca

Applications must be received by 5:00 p.m. Newfoundland Time on **Friday, October 28th, 2022.**

Applications must be approved by the applicant's faculty/school prior to submission. Memorial University applicants should contact their academic departments regarding internal deadlines. If you do not know who to contact in your faculty/school, please contact Aimee Roebathan or Chelsey McPhee for advice. Please ensure you contact your faculty/school for approval well in advance of the submission deadline. Applications that have not been approved by your faculty/school, are late or incomplete will not be accepted.

Application Package Checklist	
	Completed applicant information form with supervisor's signature (see below)
	Curriculum vitae (education, employment, published papers/abstracts, honors/awards)
	A copy of all undergraduate and graduate university transcripts (unofficial transcripts are acceptable)
	Letters of reference from two individuals familiar with the applicant's research experience/potential (these can be electronically forwarded directly to the e-mail addresses listed above). A letter of reference template is available below. Supervisors are not required to provide a reference letter, but a supervisor letter is considered an asset.
	Curriculum vitae of the applicant's supervisor. If applicant's supervisor has previously been named on an NL SUPPORT/Quality of Care NL (previously TPMI) Educational Funding Application, no CV is required. <i>In the event the student does not have a designated supervisor upon application, they must inform the education committee upon submission. The education/review committee may assist with matching students with faculty if they deem the proposal is of high quality and supervisors are prepared to accept the student.</i>
	Signed department/faculty approval form (see below). If the applicant's department/faculty has its own approval form, you may submit that form instead.

continued on next page

Application Package Checklist continued

Description of research project and training program (5 pages single-spaced, 12-point font and 2.5 cm margins) that include the following headings:

Project Title and Description (4 pages max). Must include:

- Projected patient impacts
- Planned engagement of patients as partners
- How your project reflects patient priorities
- Alignment with Strategy for Patient-Oriented Research (SPOR) mandate
- Plans for engaging knowledge users throughout the research process

Considerations for Equity, Diversity and Inclusion and Sex and Gender-Based Analysis (EDI/SGBA). For example, how will you remove barriers to the recruitment and full participation of individuals from underserved groups in your research project? For more information about EDI in research please visit <https://cihr-irsc.gc.ca/e/52543.html>.

Training Program and Career Goals (1 page max)

If applicable, for **Indigenous community applications** please indicate if community approval has been obtained.

Details of any additional funding you may hold or is available to you, including amount of funding, source of funding, and date funding expires (see table included in applicant information form below).

Please note:

- We highly encourage the evaluation of patient engagement in all work funded by NL SUPPORT and Quality of Care NL. Following completion of the research project, we will ask successful applicants and their supervisors to report back on patient engagement using a standard survey to outline how patients were involved in the project.
- NL SUPPORT also encourages all successful applicants to meet with the unit's Patient Engagement and Knowledge Translation leads throughout the duration of their project for support and guidance.

For further information or clarification on the application guidelines, please contact Aimee Roeböthan at Aimee.Hand@med.mun.ca or 709-864-3609 or Chelsey McPhee at chelsey.mcphee@med.mun.ca or 709-864-6654.

Applicant Information Form

Graduate Student Funding Opportunity

Name of Applicant	
Department	
Faculty	
Degree Program	
Year started (Proof of enrolment/acceptance required upon award of studentship)	
Project Title	
Email	
Phone Number	
Address	

What gender do you identify with?

- Male
- Female
- Non-binary
- Prefer not to answer
- Prefer to self-describe _____

Please select the age bracket below that applies to you.

- 18-24 years
- 25-64 years
- 65 and over
- Prefer not to answer

Where were you born?

- Newfoundland and Labrador
- Canada
- Outside of Canada (please specify) _____

If you were not born in Newfoundland and Labrador, please skip this question.

Are you from an urban or rural region of Newfoundland and Labrador?

- Urban (please specify): _____
- Rural (please specify): _____

Please specify your ethnicity at birth.

- White
- South Asian (e.g., East Indian, Pakistani, Sri Lankan, etc.)
- Chinese
- Black
- Filipino
- Latin American
- Arab
- Southeast Asian (e.g., Vietnamese, Cambodian, Laotian, Thai, etc.)
- West Asian (e.g., Iranian, Afghan, etc.)
- Korean
- Japanese
- Other (please specify) _____
- Prefer not to answer

How would you best describe yourself? (Select all that apply)

- White
- South Asian (e.g., East Indian, Pakistani, Sri Lankan, etc.)
- Chinese
- Black
- Filipino
- Latin American
- Arab
- Southeast Asian (e.g., Vietnamese, Cambodian, Laotian, Thai, etc.)
- West Asian (e.g., Iranian, Afghan, etc.)
- Korean
- Japanese
- Other (please specify) _____
- Prefer not to answer

Do you identify as Indigenous?

- No
- Yes
- Prefer not to answer

If so, please indicate: First Nations, Inuit, or Métis?

- First Nations
- Inuit
- Métis
- Prefer not to answer

Are you a member of any of the groups below? (Select all that apply or skip if none apply)

- Member of a rural community
- Newcomer to Canada (moved to Canada within the last 5 years)
- Visible minority
- 2SLGBTQIA+
- People who have immigrated to Canada/NL (more than 5 years ago)
- People with a physical disability
- People who experience sensory impairments
- People who experience mental illness
- Other (please specify) _____

Are you registered for the Patient-Oriented Research Training Program Letter of Completion?

- Yes
- No

Would you like to receive our training newsletter?

- Yes
- No

I hereby confirm that all the information above and in the attached documentation is accurate:

(Applicant's Signature)

Primary Supervisor (print):

Department:

Faculty:

I have read and support this application:

(Supervisor's Signature)

Table of Available Funding

Funding Source (e.g. SGS baseline supervisor, external)	Funding Amount (if annual award, please indicate amount per annum)	Annual or One-time Award	Expiry Date
Currently Held			
School of Graduate Studies/Memorial University baseline funding			
Supervisor funding			
External awards			
Applied For			
School of Graduate Studies/Memorial University baseline funding			
Supervisor funding			
External awards			
Total Funding Amount	\$		

Letter of Reference Template

Graduate Student Funding Opportunity

Name of Applicant	
For how long have you known the applicant?	
In what capacity do you know the applicant? (i.e. undergraduate instructor)	
Referee Name	
Title	
Email	
Phone Number	
Address	

Please comment on the applicant's scholastic ability and capacity for research at the graduate level. Your comments will be held in the strictest of confidence. If additional space is required, please append an attachment.

Signature	
------------------	--

Faculty Approval Form and Checklist (If the applicant's department/faculty has its own approval form, you may submit that form instead.)

Graduate Student Funding Opportunity

Name of Applicant/Co-Applicant	
Faculty	
Division/Discipline	
Funding Sponsor	NL SUPPORT
Funding Application Deadline	
Program	
Supervisor	
Title of Proposal	

The signatures below confirm:

- that the applicant (and supervisor) accept responsibility for ensuring completeness of the submitted application, and that it follows the funding guidelines;
- that the applicant (and supervisor) confirm that all participants named on the application have agreed to participate in the roles as defined, and that they have informed their respective units/institutions of their participation in the application.

Applicant/Co-Applicant

Date

Supervisor

Date

Discipline Chair/Division Head

Date

Dean/Vice-Dean

Date