



APPLICANT'S NAME \_\_\_\_\_

**RESEARCH EXPERIENCE**

- A. LIST ALL PREVIOUS EXPERIENCE, INCLUDING PROJECTS AND TECHNIQUES USED. INSTITUTES AND DATES.

- B. LIST OF SOURCES OF EXTERNAL FUNDING AGENCIES AND FUNDING OPPORTUNITIES APPLIED TO, OR INTENTION TO APPLY ALONG WITH DATES OF APPLICATION. **YOU MUST APPLY FOR EXTERNAL FUNDING PRIOR TO STARTING RESEARCH TRAINING.**

**2. STATEMENT OF INTENT**

Please state the reasons for your application to this program. The statement should describe relevant research background (if applicable), your clinical and research interests and career goals and how these best can be accomplished by participation in the Department of Medicine, The Eliot Phillipson Clinician-Scientist Training Program (limited to one page).

**3. ABSTRACT OF PROPOSED RESEARCH PROJECT**

Outline the hypotheses, specific aims/objectives, methods, data analysis, expected outcomes, and possible problems/alternative approaches (one page).



APPLICANT'S NAME: \_\_\_\_\_

**ASSESSMENT OF AN APPLICANT FOR THE UNIVERSITY OF TORONTO,  
DEPARTMENT OF MEDICINE, THE ELIOT PHILLIPSON CLINICIAN-SCIENTIST  
TRAINING PROGRAM**

**NOTE TO THE REFEREE**

This assessment consists of two parts: (A) Assessment form and (B) Letter of support. Both must be completed.

The information provided on this form is most important to the Clinician-Scientist Committee in evaluating the suitability of the applicant for training in research in health sciences. You are therefore asked to give detailed information (both pro and con) about the applicant.

Check (✓) the boxes that most nearly represent your opinion of the applicant in comparison with a representative group of individuals you have known who have had approximately the same training and experience.

The assessment form and letter are to be scanned and emailed directly to the Department of Medicine by December 3.

Please send all materials to Joanna King at [joanna.king@utoronto.ca](mailto:joanna.king@utoronto.ca) and indicate "**CSTP reference: Applicants name**" in the email subject line.

If you have any questions about this reference request please to contact Joanna King. Thank you for your time and effort!

	Exceptional		Excellent	Very Good	Good Upper	Acceptable Lower	Unable to judge
	Upper 2%	Upper 10%	Upper 20%	Upper 33%	50%	50%	
Background Preparation							
Industry/Perseverance							
Motivation/Initiative							
Organizational ability							
Skill at research (demonstrated)							
Skill at research (potential)							
Judgement/Critical sense							
Intellectual ability							
Originality (demonstrated)							
Originality (potential)							
Interpersonal skills							
Supervisory skills							
Independent research (potential)							
Independent research							

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Name of Referee