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| **COLE FELLOWSHIP SUPERVISOR’S REPORT** |

| Name of applicant | |
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| Name of sponsor | Position / Department / Institution |
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| Number of years that the sponsor has known the candidate | Capacity in which the sponsor has known the candidate |
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| Please provide specific examples of the applicant’s performance with respect to each of the characteristics listed below. If you have not known the candidate for more than 1 year, please complete this form based on your knowledge of the candidate but, also, please have this form completed by the last Supervisor that was overseeing the activities of the candidate. Please send both reports with the application.  **This report as well as an electronic version of your CV (CIHR version only) should be sent by email to  the contact person of the host institution as shown on the Instructions.** | |
| **CRITICAL THINKING** – Judicious evaluation of all information, regardless of its source | |
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| **INDEPENDENCE** – Pursuit of knowledge or taking of action on own initiative, seeking guidance only when appropriate | |
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| **PERSEVERANCE** – Determined persistence in pursuit of goals despite obstacles or discouragement | |
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| **ORIGINALITY** – Imagination or ingenuity in problem solving | |
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| **ORGANIZATIONAL SKILLS** – Systematic, careful planning and coordination of activities | |
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| **INTEREST IN DISCOVERY** – An inquiring mind and a strong desire to pursue new knowledge | |
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| **COMMUNICATION SKILLS** – Effective interpersonal and written communication in a work or study environment | |
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| **If Clinical Research** – Specify % of time to be dedicated to research: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| Name of applicant |
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| **MENTORSHIP PROGRAMME** - Describe the mentorship programme that is in place for this candidate |
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| I have been a Principal Investigator for \_\_\_\_\_ years as at January 26, 2024. By signing this document, I agree that my lab will contribute 50% of the Fellowship award. Should the number of years above be 5 or less, this 50% contribution does not apply.  Signature of Sponsor: | Date: |

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the contact person of the host institution as shown on the Instructions.**