



SCPOR Trainee Form

This form applies to all SCPOR trainees, including postdoctoral fellows, graduate students, medical residents, research assistants and graduate assistants whose support in whole or in part receive SCPOR funding. All SCPOR trainees and their supervisor(s) are required to complete this form and follow the Terms of Reference. In addition, SCPOR trainees must submit a project description and provide unofficial transcripts (or copies of official transcripts) from your current program or previous program if you are a new student.

It is the responsibility of the trainee and supervisor to ensure that all fields of the form are completed and the required documents (SCPOR Trainee Form, project description, and transcripts) are submitted at ONE time. For U of S applicants, submit your application to scpor@usask.ca. For U of R applicants, submit your application to Research.Office@uregina.ca. Incomplete submissions will not be accepted or reviewed. Submit original documents to the graduate coordinator or equivalent in your home Department/College/Faculty. Please refer to the SCPOR Trainee Funding Terms of Reference for complete details on qualifications and conditions of funding.

Student Information

Name (Last, First): _____

Student Number (NSID / SID): _____

Phone: _____ (Home) _____ (Work)

Email: _____

Mailing address:

Canadian/Permanent Resident

International*

*Students must submit a copy of study permit

Program Information

Academic Organization: University of Saskatchewan University of Regina

Academic Unit (Department/Faculty): _____

Academic Unit Administrative Support Contact (Name, Phone): _____

Program: UofS or UofR: Postdoctoral Fellow PhD Masters

UofS only: Undergraduate MD Medical Resident

Program Start Date (month/year): _____ Expected Date of Completion (month/year): _____

Student Status: Full time Part time

Supervisor(s) Name: _____

Supervisor(s) Academic Unit (Department/Faculty): _____

Supervisor(s) Email: _____ Supervisor(s) Phone: _____



SCPOR Project Details

Project Title: _____

***Project Description:** Please attach a description (2 pages max) of the SCPOR Project/Program you will be working on and your role. You must address the following in your project description:

1. What is the research purpose?
2. How will patient and family advisors be included in the research?
3. How will health system leaders/decision makers be included in the research?
4. How does your project align with the Saskatchewan Health System Strategic Priorities? Which strategy does it align with?
5. What is the proposed benefit to patients?

Funding Information

Do you currently hold an award/scholarship(s) (e.g., Tri-Council - CIHR, SSHRC, NSERC) or other funding (e.g., TA, RA, sessional appointments)? Yes No

If yes, please provide details of any funding you hold below:

Funding Source	Funding Amount	Start of Funding Date	End of Funding Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

For University of Regina Applicants Only:

The University of Regina supports graduate students through funds distributed to the Faculties. Faculty seeking SCPOR trainee funding need to confirm with their Faculty leadership that they are willing to contribute part of the matching funds for the trainee stipends, or indicate the source of funds such as scholarships or other eligible research funding.

For U of R applicants, please list confirmed sources and amounts of matching funds that will be used as 50% of total award to the trainee.

Source of Funding	Amount
_____	_____
_____	_____
_____	_____
_____	_____

Note: A condition of receiving funds via this program includes sharing the trainee's award letter with SCPOR officers outside the University of Regina.



Requested SCPOR support:

Postdoctoral Fellow Scholarship

*Research Assistant

Graduate Student Scholarship - PhD

*Graduate Assistant

Graduate Student Scholarship - Masters

*Paid at the current negotiated rates

Requested funding amount (per year): _____

SCPOR funding start date (term): September January May

SCPOR funding end date (term/year): _____

Signatures

Student Signature _____ Date _____

Supervisor Signature _____ Date _____

Supervisor(s) Signature _____ Date _____

Department Head/Dean Signature _____ Date _____

U of R only:

U of R Research Office Signature _____ Date _____

SCPOR Signature (for office use only) _____ Date _____

Submission Checklist:

Completed Intake Form

Project Description

Copy of Transcripts