



## SCPOR Trainee Form

This form applies to all SCPOR trainees, including postdoctoral fellows, medical residents, graduate students, and undergraduate students 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 graduate 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](mailto:scpor@usask.ca). For U of R applicants, submit your application to [Research.Services@uregina.ca](mailto:Research.Services@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: U of S or U of R: PhD  Masters  Undergraduate

U of S only: Undergraduate MD  Medical Resident\*

Academic Program Start Date (mm/yyyy): \_\_\_\_\_ Expected Date of Completion (mm/yyyy): \_\_\_\_\_

Student Status: Full time  Part time

Supervisor Name: \_\_\_\_\_

Supervisor Academic Unit (Department/Faculty): \_\_\_\_\_

Supervisor Email: \_\_\_\_\_ Supervisor Phone: \_\_\_\_\_

\*Medical Residents must also provide a letter of support from their Program Director



## Program Information (continued)

Co-Supervisor Name: \_\_\_\_\_

Co-Supervisor Academic Unit (Department/Faculty): \_\_\_\_\_

Co-Supervisor Email: \_\_\_\_\_ Co-Supervisor Phone: \_\_\_\_\_

## SCPOR Project Details

*For guidance in writing strong patient-oriented research proposals, visit our [PORLET resource page](#) and consult [SCPOR's Tips from Patient Partner Reviewers](#).*

Project Title: \_\_\_\_\_

a) **Provide a one-page overview of your research** (500 words). Include a description of your role within the project.



b) **Project Description:** Using the Patient-Oriented Research Level of Engagement Tool (PORLET) as a guide, please provide project information on the following:

1. **Patients are partners** (250 words). Describe how patients will be actively involved as team members in planning, decision making and co-leading the creation and/or sharing of the knowledge within this research project.



2. **Patients identified priority** (250 words). Summarize how patients with lived experience have helped and/or will help identify that the proposed research topic is a priority to patients. Include details of the methods used to identify or validate the research priority among patients.



3. **Outcomes important to patients** (250 words). Describe how outcomes important to patients will be chosen and will be measured. Explain how the knowledge created through the proposed research will be used to improve outcomes important to patients.



4. **Aims to integrate knowledge into practice** (250 words). Outline the steps required to implement an integrated and end-of-grant translation strategy. Include the roles patients and end-users will play with creation and implementation of these plans.

Empty response box for writing the answer to question 4.



5. **Team is multi-disciplinary** (250 words). Describe how the research will be influenced by relevant disciplines and stakeholders throughout the project.



## Funding Information

Is the proposed project affiliated with a [CIHR-funded SPOR network](#)? Yes  No

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 and University of Saskatchewan Health Sciences 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 and U of S Health Sciences 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:

\*Undergraduate

Graduate Student Scholarship - PhD

\*Undergraduate MD

Graduate Student Scholarship - Masters

\*Medical Resident

\*Paid at the current negotiated rates

Requested funding amount (per year): \_\_\_\_\_

SCPOR funding start date (mm/dd/yyyy): \_\_\_\_\_

SCPOR funding end date (mm/dd/yyyy): \_\_\_\_\_





## STEP Funding

SCPOR trainees are required to engage Patient Partners in their project. CIHR requires, and SCPOR endorses, that Patient Partners receive honoraria and expense reimbursement for their active participation on research project teams. To ensure SCPOR trainees have funds to support this, trainees may apply for *Support for Trainees Engaging Patients (STEP) Funding*.<sup>\*</sup> SCPOR trainees who have access to patient engagement funds for their project through their supervisor(s) are not eligible to apply for STEP funding.

<sup>\*</sup>Please refer to the Application Guide for additional information about STEP Funding.

Do you have Patient Partners currently engaged in your project?  Yes  No

Do you have any sources of funding to support patient engagement?  Yes  No

If selected for a SCPOR Traineeship, do you think you'll need STEP Funding to support patient engagement?<sup>\*\*</sup>  Yes  No

<sup>\*\*</sup>STEP Funding applications can be submitted up to two (2) months following the start date of a traineeship

## Signatures

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Department Head/Dean Signature (not applicable to Medical Residents) \_\_\_\_\_ Date \_\_\_\_\_

Program Director Signature (for Medical Residents only) \_\_\_\_\_ Date \_\_\_\_\_

### ***U of R only:***

Office of Research Services Signature \_\_\_\_\_ Date \_\_\_\_\_

SCPOR Signature (for office use only) \_\_\_\_\_ Date \_\_\_\_\_

Associate Dean Signature (for Medical Residents Only) \_\_\_\_\_ Date \_\_\_\_\_

**Submission Checklist:**  Completed Intake Form  Project Description  Copy of Transcripts  
 Medical Residents Only:  Letter of Support from Program Director (not applicable to Medical Residents)