

**Nominee Full Name:**

College/Department (*if appl.*):

Employee Number:

UM Email Address:

Home Address:

City, Province:

Postal Code:

Telephone:

**Supervisor Name:**

College/Department:

**Co-supervisor Name** (*if applicable*):

College/Department:

**Eligibility criteria:**

The nominee needs to be a postdoctoral fellow who:

(1) completed a doctoral degree **within the past five years** and who is seeking further research training in a particular research area, under the supervision of a University of Manitoba faculty member whose primary appointment is within the Rady Faculty of Health Sciences;

(2) has demonstrated outstanding achievement or potential as a post-doctoral fellow through research activities;

(3) has demonstrated strong skills in leadership, community engagement, social accountability, and/or volunteerism.

The applicant meets all the eligibility criteria:      Yes                      No

**Application Checklist:**

The nominee will submit the following:

an **application package** in a single PDF file in this order with file name *department/*

*college - nominee surname* that includes the following (in order):

nomination form (*this document*)<sup>1</sup>;

curriculum vitae;

copies of the nominee's graduate academic transcripts;

two letters of support – one letter of support from the nominee's supervisor, and one letter of support from an individual (in the absence of conflict of interest) who is able to address the nominee skills on leadership, community engagement, social accountability, and/or volunteerism;

a maximum one-page typewritten statement from the nominee which outlines their involvement with leadership, community engagement, social accountability, and/or volunteerism;

for the **Colleges of Dentistry, Pharmacy, Nursing, Rehabilitation Sciences, and Community and Global Health** only, a letter from the Dean of the College (or designate) which provides details on the selection process used to determine the nominee(s) as well as outlines their support for the nomination.

**Referees' details:**

Referee Name:

Email Address:

Referee Name:

Email Address:

**Department Head/Program Graduate Chair or Dean of College/designate signature:**

Name

Signature

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<sup>1</sup>The nomination form needs to be printed as PDF (e.g., Microsoft Print to PDF) to preserve the signatures. After printing as PDF, you can combine all the files together.