

## Research Training Competition (Restracomp) Application

### Applicant Information

Name	SickKids ID
Position	RI Program
University program	Student number
Citizenship	Email address
Supervisor	Supervisor's position
Restracomp category	Proposed award start date

**Required Documents** – please see the [Restracomp application instructions](#) for descriptions of all documents

Application Category								
A	B	C	D	F	G	H	I	

### Complete in this form

Application Checklist

Research Proposal

Supervisor's Evaluation of Applicant

Supplementary statement (if required)

- a) Justification for extension to eligibility timeline
- a) Statement of hours worked and letter of intent
- b) Statement of research goals

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### Append to completed form as additional PDF pages

OSOTF Financial Needs Assessment

— — — —

Research Training Centre Registry Form

Curriculum Vitae

Proof of Enrollment (students) or Employment (fellows)

Proof of Licensure (all health professionals)

— — — —

Visa or work permit (international applicants)

Reference letter – 1

Reference letter – 2

Transcripts

### Research Keywords – please check any that apply

Cancer	Pain	Brain and mental health
Genetic medicine	Exercise physiology	Global child health
Cystic fibrosis	Heart function and disease	

**Signatures** – my signature below confirms that the information provided in this application is correct, and that I have reviewed and will abide by all Restracomp rules and policies

Applicant

Date

Supervisor

Date

## Restracomp – Research Proposal

Please complete these sections using language that would be understandable to a reader with doctoral-level scientific training but no specialist expertise in your field. References may be included on a second page.

**Subject of proposed research** – provide a brief overview of your proposed research project

**Lab choice** – explain why your (proposed) lab is the best place to pursue this research

**Outcomes and impacts** – describe the expected outcomes and goals of your research, and what impacts might it have on your field/clinical practice/patients or other populations

**Career aspirations** – describe how Restracomp funding will help you achieve your research/career goals

## Restracomp – Supervisor’s Evaluation of Applicant

Use this space to speak to the applicant’s potential for research performance under your supervision and the applicant’s academic performance, publication activity, research/academic leadership, and personal characteristics/abilities.

Signature

Date

## Supplementary Statement

Please use this space to complete the Letter of Intent and Statement of Hours (Category D), Statement of Research Goals (Category G), or description of special circumstances that qualify you for an extension to the eligibility timeline. Please see the [Restracomp application instructions](#) for descriptions of each document.