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| **BME Appointment Application Form**  ***For Non-budgetary, Status-Only, & Adjunct Appointments*** | | | | |
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| **Instructions** | | | | |
| A completed BME appointment application includes:   1. A completed appointment application form (fill in all highlighted fields)**\*, #** 2. Letter of intent**\*** or summary of past contributions# 3. Signed letter of support from the head of your primary appointment**\*,** # 4. Signed letter(s) of support from the head of each additional appointment (if applicable)**\*** 5. Most recent curriculum vitae (CIHR common CV format preferred)**\*,** # 6. List of BME students directly or co-supervised#   **\*** Required for new applicants  **#** Required for appointment renewals  Please combine all documents into **A SINGLE PDF FILE** using the above order and submit your application via [BME’s Submission Form powered by RedCap](https://redcap.utoronto.ca/surveys/?s=JHK9RFDFRW). Questions should be sent to: [director.bme@utoronto.ca](mailto:director.bme@utoronto.ca). | | | | |
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| 1. **Contact Information** | | | | |
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| **First name** | | **Last name** | | |
| click here to enter text | | click here to enter text | | |
| **Work Phone/ Cell Phone** | | **Email** | | |
| click here to enter text | | click here to enter text | | |
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| 1. **Type of Application** | |  | | **New Appointment** |
|  | | **Renewal** |
|  | | **Renewal with GFM upgrade** |
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| 1. **BME Appointment Type** | | | | |
| *If you do not know your appointment type, please leave this section blank.* | | | | |
|  | **Primary Appointments:** |  | | **Status-Only** |
|  | | **Adjunct** |
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|  | **Concurrent Appointments:** |  | | **Non-Budgetary Cross Appointment** |
|  | | **Non-Budgetary Cross Appointment, Status Only Rank** |
|  |  | | **Status Only (Concurrent Appointment for Clinical Appointees)** |
| *If you currently do not hold any academic appointments at the University OR if your primary appointment is at BME please select one of the “Primary Appointments”. If you hold additional academic appointments at the University and BME is not your primary appointment, select one of the “Concurrent Appointments”.* | | | | |
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| 1. **Primary Academic Appointment** | | | | |
| *Please list your main appointment held at the University of Toronto, if applicable.* | | | | |
| **Rank** | **Department/Institute** | | | **Appointment Type**  ***(as designated on your appointment letter)*** |
| Choose an item.  If other, specify: Enter text | click here to enter text | | | Choose an item  If other, specify: Enter text |
| Start date of primary appointment \*required | | End date of primary appointment\*required | | |
| click here to select a date or type it in | | click here to select a date or type it in  Please check if your appointment doesn’t have an end date | | |
| Chair/Director’s email address \*required | | | | |
| Enter email address | | | | |
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| 1. **Additional Academic Appointment(s)** | | | | |
| *If you hold additional appointments at the University of Toronto, please list them here.* | | | | |
| **Rank** | **Department/Institute** | | | **Appointment Type**  ***(as designated on your appointment letter)*** |
| Choose an item.  If other, specify: Enter text | click here to enter text | | | Choose an item  If other, specify: Enter text |
| *Click on the [+] symbol to add appointment* | | | | |
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| 1. **Hospital/Research Institute Appointment** | | | | |
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| **Rank** | **Hospital/Research Institute** | | | **Start Date** |
| Choose an item.  If other, specify: Enter text | click here to enter text | | | Click to select a date or type it in |
| *Click on the [+] symbol to add appointment* | | | | |
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| 1. **Funding** | | | | |
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| *The School of Graduate Studies requires that all masters- and doctoral-level trainees receive full funding during the “years of funding” period specified for each program. In other words, full funding must be provided for two years of the masters and four years (or five years for direct entry) of the doctoral program. Please briefly describe your strategy for student support and funding- you should demonstrate that you have enough funding to support students throughout their entire graduate program. For more information, visit:* [*http://www.sgs.utoronto.ca/gradfunding/Pages/APSC.aspx*](http://www.sgs.utoronto.ca/gradfunding/Pages/APSC.aspx)*. For BME’s specific funding model, please also see* [*https://bme.utoronto.ca/current-students/tuition-and-funding/*](https://bme.utoronto.ca/current-students/tuition-and-funding/) | | | | |
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| **Student funding strategy (please describe briefly; 500 words or less)** | | | | |
| click here to enter text | | | | |
| **Sponsor (Grants, etc.)** | **Amount and Fund no.** | **Role (PI, co-PI, etc.)** | | **Period (start-end date)** |
| click here to enter text | click here to enter text | click here to enter text | | click here to enter text |
|  |  |  | |  |
|  | | *Click on the [+] symbol to add funding info.* | | |
| **Please also check the box below:**  I have read the information regarding student funding support. I understand and accept the terms of the BME student funding model. | | | | |
| 1. **Supervisory experience and research environment** | | | | |
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| *The School of Graduate Studies has identified several key characteristics, which contribute to the success of graduate student education. All supervisors should be able to “provide a work environment that is supportive yet stimulating, enabling students to learn the essential methodologies, concepts, and culture of their disciplines.” Please describe your research environment, specifically addressing lab space, equipment, and availability of resources to support student projects.* [*http://www.sgs.utoronto.ca/Documents/Graduate-Supervision-Guidelines-faculty.pdf*](http://www.sgs.utoronto.ca/Documents/Graduate-Supervision-Guidelines-faculty.pdf) | | | | |
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| **Research environment and resources available to students (please describe briefly; 500 words or less)** | | | | |
| click here to enter text | | | | |
| **List all current students and graduates from your lab (from the last 5 years)** | | | | |
| **Student name, degree** | **Dept./Institute, Funded by** | **Type of Supervision (i.e. PI, Co-PI)** | **Supervisory period (start-end)** | |
| ***Example:***  ***Jane Doe, MASc*** | ***BME, Prof. John Smith*** | ***Primary Supervisor*** | ***September 2021- TBD*** | |
| Click here to enter text | Click here to enter text | Choose an item | Click here to enter text | |
|  |  |  |  | |
|  | | *Click on the [+] symbol to add another student* | | |
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