Last name and first name of applicant:

**ENCLOSE THIS PAGE WITH RENEWAL APPLICATION FORM**

To be eligible for consideration, your application must include all the **items** in the checklist below**.**Make sure your application is complete by **checking off each item**. Submit this checklist with the required documents.

The IRSST recommends that you ask the scholarship office at your university whether a specific student counselling service is available to assist you in preparing your application. The IRSST assumes no responsibility for incomplete applications.

**Checklist of required items**

**[ ]**  The Scholarship/Fellowship Renewal Application Form duly completed and signed by the applicant and his or her research supervisor.

[ ]  **For master’s and doctoral candidates**, an official university transcript for the program underway.

The deadline for submitting complete applications to the IRSST is **4:00 p.m. on the** **third Wednesday of October**, by e-mail at the following address: bourses@irsst.qc.ca.

You will receive acknowledgement of receipt of your application by e-mail. If you do not, please call us at 514-288-1551 ext. 291.

Last name and first name of applicant:

**RENEWAL APPLICATION FORM**

**Graduate Studies Scholarship and Postdoctoral Fellowship Program: 2024-2025 Competition**

**IDENTIFICATION OF SCHOLARSHIP/FELLOWSHIP CATEGORY**

[ ]  Master’s [ ]  Doctorate [ ]  Postdoctorate

[ ]  Supplement: Master’s [ ]  Supplement: Doctorate

**IDENTIFICATION OF APPLICANT**

Last name:  First name:  Sex [ ]  F [ ]  M

**CONTACT INFORMATION** *(You must notify the IRSST of any change in address as soon as it becomes effective.)*

|  |  |
| --- | --- |
| Mailing address | Permanent address*(if different from mailing address)* |
| Civic number/Street | : |  | Civic number/Street | : |  |
| City | : |  | City | : |  |
| Province/State | : |  | Province/State | : |  |
| Country | : |  | Country | : |  |
| Postal code | : |  | Postal code | : |  |
| Telephone (home) | : |  | Telephone (home) | : |  |
| Telephone (work) | : |  | Telephone (work) | : |  |
| Ext. | : |  | Ext. | : |  |
| E-mail | : |  | E-mail | : |  |

**TITLE OF PROJECT** (en français)

**IDENTIFICATION/CONTACT INFORMATION OF RESEARCH SUPERVISOR AND CO-SUPERVISOR** (if applicable)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Supervisor | : |  | Co-supervisor | : |  |
| Institution | : |  | Institution | : |  |
| Department | : |  | Department | : |  |
| Discipline | : |  | Discipline | : |  |
| Mailing address | : |  | Mailing address | : |  |
|  |  |  |  |  |  |
| Telephone (work) | : |  | Telephone (work) | : |  |
| Ext. | : |  | Ext. | : |  |
| E-mail | : |  | E-mail | : |  |

**STUDY OR RESEARCH PROGRAM TO WHICH THIS SCHOLARSHIP/FELLOWSHIP APPLICATION PERTAINS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Degree or credentials sought | : |  | Faculty | : |  |
| Discipline | : |  | Department | : |  |
| Specialization | : |  | City | : |  |
| University | : |  | Country | : |  |

Last name and first name of applicant:

**SCHOLARSHIPS/FELLOWSHIPS REQUESTED**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of institution and type of scholarship/fellowship  | Obtained (Yes/No) | Amount per year if obtained | Scholarship/fellowship start or award date (mm/yyyy) | Scholarship/fellowship end date (mm/yyyy) |
|     |       |       |       |       |

**AWARDS AND DISTINCTIONS OBTAINED**

|  |  |
| --- | --- |
| Name of institution and awards/distinctions | Year |
| **Awards**    |     |
| **Distinctions**    |     |

**PUBLICATIONS IN THE PAST YEAR** (beginning with most recent**, maximum 1 page**)

Scientific communications (**maximum 1 page**)

Instructions for written communications:

1. List your publications by category: article, book chapter or book, research report.
2. Clearly identify any peer-reviewed publications submitted, accepted, forthcoming, or published.
3. Provide complete information about your publications: authors (list their names in the order in which they appear in the publication), title, name of the journal, year, and number of pages.
4. Please provide a **clear explanation of your role** and specific contributions to the research projects for which the results have been published.

Instructions for presentations:

1. List your presentations by category: guest speaker, oral presentation, poster.
2. State whether they were peer-reviewed.
3. Indicate whether or not you acted as a presenter.
4. Provide complete information about your presentations: authors (list their names in the order in which they appear in the presentation), title, event, place, and date.
5. Please provide a **clear explanation of your role** and specific contributions to the research projects for which the results have been presented.

Last name and first name of applicant:

**TITLE OF PROJECT** (en français)

**PROGRESS REPORT** (**maximum 5 pages**; no appendices will be forwarded to the review committee)

Describe the progress you have made in your study program and/or research project. If applicable, specify any changes that have been made to your initial study program or research project.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insert graphic elements (e.g. image, table, figure or equation) in this space.

**N.B.: Please give the reference for all graphic elements**.

Last name and first name of applicant:

**SCHEDULE OF UPCOMING WORK** (**maximum ½ page**)

Describe the schedule and the main steps to be carried out.

Insert graphic elements (e.g. Gantt chart) in this space.

**DECLARATION OF APPLICANT**

I have read and I hereby accept the general and specific regulations stipulated by the IRSST in its document entitled “Graduate Studies Scholarship and Postdoctoral Fellowship Program in Occupational Health and Safety.” I further agree to comply with the regulations and requirements applicable to the competition for which I am re-applying.

I declare that all the information provided in this form is accurate and complete, and I make this declaration knowing that it has the same force and effect as if made under oath.

Date: Signature of applicant:

**DÉCLARATION OF RESEARCH SUPERVISOR**

The research supervisor must write a sufficiently clear assessment of the scholarship recipient’s activities that a judgment can be made of the person’s progress in the study program and/or research project.

The review committee may recommend terminating a scholarship/fellowship prior to its end date if a progress report or progress in the research work is not considered satisfactory.

Assessment report:

Recommendation:

[ ]  Scholarship or fellowship renewed

[ ]  Scholarship or fellowship cancelled

Date:  Signature of research supervisor:

Name of supervisor (in block letters):