Last name and first name of applicant:

**ENCLOSE WITH 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 counselling service is available to assist you in preparing your application. The IRSST assumes no responsibility for incomplete applications.

**Checklist of required items**

**[ ]**  The Application Form, duly completed and signed by you (the applicant) and your research supervisor;

[ ]  **Official** transcripts of all university grades. If your program has begun but your marks are not yet available, include an official attestation of your acceptance or registration. In the case of transcripts from outside North America, include an official letter explaining the grading system used by the institution concerned;

[ ]  The evaluation forms from two scientific referees (sent to the following e-mail address, directly by referees : bourses@irsst.qc.ca);

[ ]  A letter of recommendation from your research supervisor (sent to the following e-mail address, directly by the research supervisor: bourses@irsst.qc.ca);

[ ]  The Declaration of the Research Supervisor form and, if applicable, that of the research co-supervisor, or the personal CV(s) of the supervisor/co-supervisor, with content limited strictly to what is requested on the form and for the last five years (these documents can either be sent by the applicant or by the authors at bourses@irsst.qc.ca);

[ ]  The *Calculation of eligibility period* form duly completed;

For Canadian citizens (or permanent resident of Canada) eligible to RAMQ;

[ ]  A proof of your Canadian citizenship (birth certificate or certificate of citizenship) or of your permanent residency in Canada (permanent resident card);

[ ]  A photocopy of your Québec health insurance card or of any official documentary evidence establishing your permanent resident status in Québec;

[ ]  If the studies and research are to be completed outside Québec, submit documents explaining the chosen program and institution.

For foreign applicants

[ ]  A proof of citizenship (identification page of a valid passport or another official document);

[ ]  A proof of enrollment in a Quebec university for at least 2 full-time sessions (or equivalent) among the 3 sessions preceding the closing date of the competition;

[ ]  A photocopy of your valid medical card issued by the Régie d'assurance maladie du Québec (RAMQ) on the competition deadline or proof of eligibility for the RAMQ plan overing the competition deadline;

**Your complete file must be sent by e-mail** t**o the address: bourses@irsst.qc.ca. Your name must be clearly indicated in the e-mail title. If the size of the e-mail is too large, please send the required documents in multiple e-mails and clearly indicate your name in the title of each one. You will be notified of the receipt of your file by email.**

**Identification/contact information of referees *(please complete)***

|  |  |
| --- | --- |
| Last name, first name:      Telephone: E-mail:  | Last name, first name:      Telephone: E-mail:  |

For information purposes only, how did you learn about the IRSST Scholarship and Fellowship Program?

Web site[ ]  Advertisement[ ]  Research supervisor[ ]  Colleague[ ]  Scholarship office[ ]  Social media[ ]  Other Last name and first name of applicant:

**APPLICATION FORM**

**Doctoral Scholarship: 2024-2025 Competition**

**IDENTIFICATION OF SCHOLARSHIP CATEGORY**

[ ]  In Québec [ ]  Outside Québec

**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 | : |       |

**PROGRAM TO WHICH THIS APPLICATION PERTAINS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Degree  | : |  | Faculty | : |  |
| Discipline | : |  | Department | : |  |
| Specialization | : |  | City | : |  |
| University | : |  | Country | : |  |

**RESEARCH FIELD**

To which research field does your application pertain?

[ ]  Ergonomics [ ]  Health Sciences

[ ]  Natural Sciences and Engineering [ ]  Social Sciences and Humanities

List six keywords (from general to specific) that best describe the research activities associated with this application. Use commas to separate the keywords.

Last name and first name of applicant:

**TITLE OF PROJECT** (en français)

If your project is part of research funded by the IRSST, please also indicate the title of this research (project or program) and the respective file number.

**RELEVANCE AND PRIORITY** (**maximum ½ page**)

Explain what makes your research project relevant and a priority in the occupational health and safety research field (please refer to the Cadre de référence pour la recherche en SST (https://www.irsst.qc.ca/recherche-sst/cadre-reference).

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

Last name and first name of applicant:

**PROPOSED RESEARCH PROJECT** (**maximum 5 pages**; no appendices will be forwarded to the review committee)

Describe your project by specifying, in order:

1. the issue (qualify and quantify the importance),
2. the research objectives,
3. the planned methods and analyses,
4. its originality and feasibility,
5. the anticipated results,
6. a short bibliography (maximum ½ page).

If the project is already underway, please indicate what has been achieved to date and what remains to be done.

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

Insert graphic elements (e.g. image, table, figure or equation) in this space (**maximum ½ page**).

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

Last name and first name of applicant:

**SCHEDULE OF ACTIVITIES** **(maximum ½ page)**

Describe the planned schedule and steps in the project. If the project is already in progress, please indicate which steps are completed, in progress and to come.

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

Insert graphic elements (e.g. Gantt chart) in this space (**maximum ½ page**).

 Last name and first name of applicant:

**UNIVERSITY STUDIES** (beginning with most recent)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Diploma | Discipline | Research supervisorand his/her institution | Date of initial registration in program (mm/yyyy) | Anticipated or actual diploma award date (mm/yyyy) | Cumulative GPA |
|  |  |  |  |  |  |

**TITLE OF MASTER’S THESIS** (if applicable)

**SCHOLARSHIPS REQUESTED**

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

**AWARDS AND DISTINCTIONS OBTAINED**

|  |  |
| --- | --- |
| Name of insitution and award/distinction | Year |
| **Awards**    |     |
| **Distinctions**    |     |

Last name and first name of applicant:

**ACHIEVEMENTS** (beginning with most recent)

A) 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:

B) Participation in research projects, internships or training activities (**maximum 1 page**)

Describe your participation in research projects, internships or training activities. Specify the name of the supervisor, and the start and end dates of each activity. You may also describe any relevant experience that could help you successfully complete the program to which this application pertains.

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

C) Other relevant information (**maximum ½ page**)

Provide any other information relevant to the evaluation of your application. Specify, if applicable, any circumstances such as work, part-time studies, sick leave or parental leave, immigration, pandemic that may have delayed your studies.

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

Last name and first name of applicant:

**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 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:

**DECLARATION OF RESEARCH SUPERVISOR**

I have read the project proposal submitted, and I hereby undertake to oversee the applicant in the capacity of research supervisor. I further certify that the research project complies with the ethical standards generally applicable to professional and research activities.

Date:  Signature of research supervisor: