| Checklist: Banting Postdoctoral Fellowship   |         |                 |                       |  |
|--|---------|-----------------|-----------------------|--|
| Applicant<br>Name:   |         | (if a           | McGill ID pplicable): |  |
| Academic   |         | (== 1.          | Faculty:              |  |
| Unit:<br>ELIGIBILITY   | SECTION |                 |                       |  |
| Citizenship:  Canadian citizen  Permanent resident of Canada  Foreign citizen; Country of citizenship  |         |                 |                       |  |
| Eligibility window for degree completion:  Applicants must fulfill, or have fulfilled, all degree requirements for a PhD, PhD-equivalent or health professional degree: between September 15, 2021 and September 30, 2025 (inclusively). An applicant who has not fulfilled all  |         |                 |                       |  |
| requirements for their PhD degree at the time of application, MUST submit proof of PhD degree fulfillment <b>no later</b> than October 15, 2025. Allowable extensions must be justified in "Special circumstances" document  |         |                 |                       |  |
| To be eligible an applicant:   |         |                 |                       |  |
| <ul> <li>□ who is currently holding a Tri-Agency postdoc award, that award MUST OFFICIALLY END by 30 SEPT 2025. Early termination of currently held Tri-Agency award is NOT permitted for the purpose of application to the Banting Postdoc Award</li> <li>□ must never have held a Banting Postdoctoral Fellowship in their lifetime</li> <li>□ must not hold a tenure-track or tenured faculty position, nor can be on leave from such a position</li> <li>□ If there was an interruption to applicant's career, the window of eligibility can be extended by a cumulative maximum of three years if the applicant had their career interrupted for the following reasons:         <ul> <li>○ Parental leave, illness, health-related family responsibilities</li> <li>○ Mandatory military service</li> <li>○ Disruptions due to war, civil conflicts and/or natural disasters in the country of residence, socio-economic reasons/lack of research opportunities, pandemic-related reasons, etc.</li> <li>○ Additionally, for health professionals who have engaged in post-degree non-research related clinical training (e.g.residency) - the eligibility window may be extended</li> <li>□ Justification for interruption must be provided in Special Circumstances attachment (max 1 page)</li> <li>□ ADDITION (SECTION)</li> <li>□ ADDITION (SECTION)</li> <li>□ ADDITION (SECTION)</li> <li>□ ADDITION (SECTION)</li> <li>□ ADDITION (SECTION)</li></ul></li></ul> |         |                 |                       |  |
| APPLICATION SECTION  |         |                 |                       |  |
| □ Supervisor's statement must follow template (Max 4 pages) □ Significance of research contributions (Max 1 page) □ Significance of leadership contributions (Max 1 page)  |         |                 | ges)                  | All these documents must be presented in following order compiled in a SINGLE PDF file |
| <ul> <li>□ Special Circumstances (if applicable, Max 1 page)</li> <li>□ Research Proposal (Max *4 pages)</li> <li>□ *Reminder-maximum of 5 pages for French applications including graphs and images</li> <li>□ Bibliography (Max 4 pages)</li> <li>□ Application Form (ResearchNet)</li> <li>□ Canadian Common CV</li> <li>□ Fulfillment of degree requirements PDF form (1 page)</li> </ul>  |         |                 |                       |  |
| FILES SUBMITTED BY FACULTY TO GPS BY 05 SEPT 2024 GRADCOMP.GPS@MCGILL.CA   |         |                 |                       |  |
| □ Candidate detailed information has been entered on FAD (Fellowships & Awards Database) □ PDF format of complete application package submitted with file name:  AGENCY_F2024-Banting_Lastname_Firstname_Faculty □ This initialed Checklist  |         |                 |                       |  |
| CONFIRMATION   |         |                 |                       |  |
| ·  |         | <b>□</b> Eligib | le                    | ☐ Recommended to GPS   |
| NAME OF PERSON<br>COMPLETING<br>FORM   |         | DATE & INITIALS |                       |  |