

**The Centre for Vaccine Preventable Diseases  
Interdisciplinary Postdoctoral Training Fellowship Application  
Supervisor Statement and Signature Form**

<b>Name of Postdoctoral Fellow</b>	
First Name	Last Name
Has the postdoctoral fellow already been hired by the primary faculty supervisor's organization or at the University of Toronto? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Primary Faculty Supervisor</b>	
First Name	Last Name
E-mail	
Faculty/Department	
Current Position/Title	<input type="checkbox"/> Tenured <input type="checkbox"/> Tenure-track <input type="checkbox"/> Non-tenure <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Research Area of Expertise	
<b>Commitment</b>	
By signing this form, I, _____, am committed to supervising _____ (name of the applicant) and securing the necessary funds in addition to the \$30,000 award provided by the Centre for Vaccine Preventable Diseases, Dalla Lana School for Public Health for this postdoctoral fellow's salary.	
Yes, I would also like to apply to the full fellowship program covering 12 months of the postdoctoral fellow's salary and benefits.	
Name:	Date:
Signature:	
<p><b>For those who are applying for funding:</b></p> <p>A short statement by the supervisor(s) (1 page maximum) agreeing to the fellow's participation, the nominated postdoctoral fellow's research potential, summarizing the research environment and resources that will be available to the fellow, including resources to work remotely during the COVID-19 pandemic and proposed mentoring and supervision plan.</p> <p><b>For those who are NOT applying for funding:</b></p> <p>A short statement by the supervisor(s) (1 page maximum) agreeing to the fellow's participation and the fellow's nominated postdoctoral fellow's research potential</p>	

