

Vaccine Interdisciplinary Training in Collaborative Research and Education for Postdoctoral Fellowship (VICTOIRE-postdoc) at the Centre for Vaccine Preventable Diseases (CVPD)

Supervisor Statement and Signature Form for Fellowships with Funding

Name of Postdoctoral Fellow	
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	
Primary Faculty Supervisor	
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	
Commitment	
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>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. I am also committed to utilizing the mentorship and training plan.</p>	
Name:	Date:
Signature:	

This form is for fellows applying for funding. For those who are NOT applying for funding:

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 is requested. A signature form is not required.