

FELLOWSHIPS INTERNAL PEER REVIEW REGISTRATION

**To inform us of your intent to apply to an upcoming grant competition and request internal peer review support, please complete this form and e-mail it to:** **iph@ucalgary.ca**

*N.B.: This form is not meant to replace the administrative documentation required by your Faculty / Department / Organization.*

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| **SUPERVISOR(s) of APPLICANT (including at least 1 O’Brien Institute member):****SURNAME, GIVEN NAME(S)**           | **APPLICANT for FELLOWSHIP: SURNAME, GIVEN NAME(S)**      |
| **AGENCY\* (e.g., CIHR):**      **PROGRAM (e.g., Health System Impact (HIS) Fellowship:**      ***\* Please list the formal title of the funding opportunity*** | **COMPETITION DEADLINE:**     **INTERNAL DEADLINE (IF ANY):**      ***\* Used to develop IPR timeline*** |
| **TITLE OF PROJECT (working title for proposal)**      |
| **PEOPLE NOT to be invited as reviewers (close collaborators, etc.):**      | **LIST 3 KEYWORDS DESCRIBING YOUR RESEARCH PROPOSAL**1.      2.       3.      ***\* Used to identify possible reviewers*** |
| **SUGGESTED REVIEWERS, including faculty and previously successful Fellowship applicants.**1. Name:       Email:      2. Name:       Email:      3. Name:       Email:       | **REQUESTED EXPERTISE (e.g., specific review of statistical section, methodology, scientific concept, etc.)**1.      2.      3.      ***\* Used to identify possible reviewers*** |
| **PROVIDE A SUMMARY OF YOUR RESEARCH PROPOSAL. Insert text into the field, or submit a separate document (one page summary) along with this form.** |

**Thank you for completing the form.**

**Remember, if you did not include your research summary on the form, include a separate document with your research summary when submitting.**

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