Please note the following:

1. **Completion of the Department Head form online at ApplyNet is required. Do not submit the form online until you receive confirmation from the Dean’s Office.**
2. **The information provided on this form is required as part of your application package.**
3. **Applicants not employed by UBC (i.e. Health Professionals, most Clinical faculty, Partner faculty, etc.), must provide a sponsor letter from his/her employer to his/her UBC Department Head confirming available resources and protected time for the applicant.**

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| **APPLICANT** | **DEPARTMENT HEAD/SCHOOL DIRECTOR** | |
| **PROJECT TITLE** (Limit: 200 characters) | | |
| **1. Confirmation of Appointment** | | |
| Does the applicant have a current faculty appointment at your institution, or if successful in receiving this MSHRBC Scholar award, will they have a faculty appointment in place before/by July 1, 2024?  Choose an item. | | |
| **2. If you selected “No” to question above**, please provide a brief explanation. **If you selected “Yes”, please enter “Not Applicable”**. (Limit: 2500 characters) | | |
| **3. Confirmation of Protected Time** | | |
| Does the applicant currently have at least 75% protected time (equivalent to a minimum of 30 hours per week) for research activities for the duration of the award?  Choose an item. | | |
| **4. Type of Appointment** | | |
| Select the type of appointment the applicant will hold as of the start date (July 1, 2024).  Choose an item.  If Other, please specify (limit 500 characters): | | |
| **5. Salary Support** | | |
| Does the applicant currently have (or at the time of the award start date, will the applicant have) salary support in addition to the Scholar award?  Choose an item. | | |
| **6. Use of MSHRBC Funds** | | |
| **In discussion with the applicant**, please provide a brief explanation of how the funds from MSHRBC will be utilized. If MSHRBC funds are to be used for the applicant’s salary, please provide a description of how the freed-up funds from their institutional salary line will be used to support the applicant’s research program and the impact this will have on their research and career. (Limit: 2500 characters) | | |
| **7. Support for the Applicant post-MSHRBC funding** | | |
| Please describe the department’s plan for the applicant’s salary support and further development beyond the term of the Scholar award. (Limit: 2500 characters) | | |
| **8. Institutional Support to the Applicant** | | |
| Please describe additional resources available to the applicant (e.g. salary, infrastructure, administrative support, human resources) throughout the duration of the award, not including funds from the MSHRBC award. Where applicable, please comment on any concrete practices or resources in place to foster and support an accessible, diverse and inclusive environment. (Limit: 2500 characters) | | |
| **9. Mentorship Plan for the Applicant** | | |
| Please describe the mentorship plan for the applicant (i.e. what mentorship will the applicant receive during the course of the Scholar award to enhance their research skills, and advance their career?). Where applicable, please comment on any concrete practices or resources in place to foster and support diversity and equity in mentoring and professional development. (Limit: 2500 characters) | | |
| **DEPARTMENT HEAD/SCHOOL DIRECTOR SIGNATURE** | | **DATE** |

Please DO NOT SIGN this form until requested by Dean’s Office