

**Banting and Best Diabetes Centre, Faculty of Medicine, University of Toronto
Archie Sopman Diabetes Research and Education Awards
Application Form - 2008**

Principal Applicant (Surname, given name): (Applicant must be employed by the U.H.N.)	Position/Title
Co-Applicants (Surname, given name): (All co-applicants must be employed by the U.H.N.)	Position/Title

Department:

U.H.N. Location:

- Toronto General Hospital**
- Toronto Western Hospital**
- Princess Margaret Hospital**

U.H.N. Mailing Address of Principal Applicant:

Daytime Telephone #:

Fax:

E-mail:

Funding Requested For:

- Travel to a diabetes meeting** (Funding will be provided to attend one diabetes meeting occurring in the year 2008. Maximum \$1,000 per applicant.)
- To support a visiting lecturer in diabetes or metabolic disorders** (Funding for travel expenses and honorarium will be provided for lecturers visiting in the year 2008. Maximum \$2,000 per lecturer.)

Amount Requested: \$ _____

- 1) **Provide a detailed summary describing what funds will be used for.** Do not exceed this space.
- If requesting funds for travel to diabetes meeting, include name, date, and location of meeting.
 - If funds will be used to support a visiting lecturer, indicate name and position of proposed guest lecturer, and topic of presentation.
- 2) **Indicate other sources of funding available to the principal applicant and co-applicant(s).** Do not exceed this space. (Preference will be given to those who do not have access to other sources of funding.)
- 3) **Provide a letter of support from each applicant's immediate supervisor, Division Chief, or Department Head describing other sources of available support. Letter(s) of support must be attached to the application in a separate sealed envelope, signed across the seal by the supervisor.** (Please ask supervisor to provide 1 original plus 3 copies of the letter in a sealed envelope.)
- 4) **Has the principal applicant or co-applicant(s) received an Archie Sopman Diabetes Research and Education Award from the Banting and Best Diabetes Centre in the past?**
- YES NO

If so, in the space below list date when award(s) was received and what the award was used for.

SIGNATURES

Principal Applicant:	Supervisor, Division Chief or Department Head:
Print Name:	Print Name and Title:
Date:	Date:

ATTACHMENTS

This application form must be accompanied by the following:

1. Curriculum vitae of all applicants
2. Letter of support from each applicant's immediate supervisor, Division Chief, or Department Head in a separate sealed envelope, signed across the seal by the supervisor. (Please ask supervisor to provide 1 original plus 3 copies in a sealed envelope.)

Provide one (1) original plus two (2) copies of the application and CVs of all applicants.

Letter of support should be submitted with the application in a separate, sealed envelope, signed across the seal by the supervisor.

Deadline for receipt of applications is 4 p.m., Tuesday, February 26, 2008.

Late or incomplete applications will not be considered.

Submit applications to:
Banting and Best Diabetes Centre
Located at The Toronto General Hospital
200 Elizabeth Street
Eaton Wing, 12th Floor, Room 12E248
Toronto, Ontario M5G 2C4

Banting and Best Diabetes Centre
Phone: (416) 978-4656 • Fax: (416) 978-4108 • Email: diabetes.bbdc@utoronto.ca • Web site: www.bbdc.org