

Supervisor Agreement Form for Postdoctoral Researchers Applying for Research Grants

Postdoctoral Researcher Information

Full Name:		
Research Department/Program:		
Email Address:		
Postdoc Contract Term:	Start Date:	End Date:
<input type="checkbox"/> I will be the Principal Investigator (PI) on this grant application.		

Supervisor Information

Full Name:		
Email Address:		
<input type="checkbox"/> I agree to be the Co-Principal Investigator (Co-PI) and Account Holder on this grant application.		

Grant Application Information

Title of the Grant Opportunity:		
Funding Agency:		
Requested Amount:		
Application Deadline:		
Term of the Grant (if awarded):	Start Date:	End Date:

By signing this form, the supervisor confirms to:

- be the Co-Principal Investigator of this grant application
- be responsible for any staff hired for this grant
- be responsible for the fiscal management of the account related to this grant
- sign any contracts required for the grant
- remunerate the postdoctoral fellow's salary for the term of the award in accordance with the postdoc's employment contract. **NOTE:** The postdoc's contract should not extend beyond 4 years (provided there were no leaves).
- continue with responsibilities of the award if the postdoc is no longer able to continue their role as Principal Investigator

By signing this form the postdoctoral researcher acknowledges that if the application is successful:

- no additional space will be granted by Unity Health Toronto
- no scientist appointment will be offered by Unity Health Toronto
- the postdoctoral researcher is not allowed to apply for other non-postdoc grants
- the postdoctoral researcher should consider this opportunity as a transition period to find a scientist position and apply for scientist opportunities during the grant term, including opportunities at Unity Health Toronto should they become available. **NOTE:** Unity Health Toronto will transfer the grant to another institution if the postdoctoral researcher is successful in obtaining a scientist position.

Signatures

Postdoctoral Researcher's Signature

Date _____

Supervisor's Signature

Date

Institutional Approval For office use: Submit to PeerReview@unityhealth.to to obtain this signature

Director, Funding Strategy and Stewardship

Signature

Date _____