

Supervisor Agreement Form for PhD Students Applying for Research Grants

PhD Student Information

Full Name:		
Research Department/Program:		
Email Address:		
PhD Program 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 PhD student's stipend for the term of the award in accordance with the student's contract
- continue with responsibilities of the award if the PhD student is no longer able to continue their role as Principal Investigator

By signing this form the PhD student 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 PhD student is not allowed to apply for other non-PhD grants

Signatures

_____	_____
PhD Student'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