

Office of Research and Innovation

Application for Foreign Postdoctoral Fellowship

Suite 344 Gzowski College – Symons Campus Peterborough, Ontario, Canada K9J 7B8 705.748.1011 x7245

All fields in this form must be filled out before submission. If not applicable, please write N/A.

Postdoctoral Fellow Information: Family Name: _____ Given Name: ____ Gender: _____ Date of Birth (DD/MM/YY): ____ Country of Birth: Country of Residence: Citizenship(s): Passport #: Job Offer Details: Job Title: Start Date (DD/MM/YY): End Date (DD/MM/YY): Expected Duration of Employment: ______ NOC Code:1 Address: Office Number: Postal Code: City: Province: **Supervisor Information:** Name: _____ Email: _____ Address: Office Number: Postal Code: City: Province: Phone Number: Minimum Education Requirements:

¹ National Occupation Classification Code

Main Duties of Job:				
Other Training Required:				
Experience and skills required t	to complete the	e job duties:		
	<u> </u>			
Provincial/Federal certification,	licensing or re	egistration requir	ements for the	job:
Wage and Benefits:				
•	Type o	f Wage		
Hourly Wage: \$		Salaried A	nnual Salary: \$2	
Any Overtime Pay: Yes	No	If Yes, Rate:		
Starts after how many Hours:		Seasonal Positio	n: Yes	No
	Hours	of work		
Per Day:	Per Week:		Per Month:	

² Legislated benefits are 11.52%, and vacation is 4% [or 6% if greater than 5 years' of University service]. The salary entered above is the cost before vacation and legislative benefits. Please account for these mandatory expenses in your budget.

Alternative Compensation Scheme (if applicable):					
Benefits Offered? Details:					
	(f. (1) (f. (1000) Pl. (1000)				
There is a fee assessed by the go account number for the charge b	overnment for these offers (\$230). Please provide an pelow:				
Emergency Contact Information	on:				
Emergency Contact Address:					
Emergency Contact Telephone #:					
Academic Nature of Appointm	ient:				
Please outline the proposed acade research assistantship, and/or part	mic nature of the appointment including details of fellowship, t-time teaching positions:				

Pro	posed Plan	of Research	ch:			

Attachments (attachments must be submitted with the application) Letter of Support signed by Department/Program Chair Curriculum Vitae Copy of Visa/Permit ³				
Signatures				
Postdoctoral Fellow	 Date			
Supervisor(s)	Date			
Approval				
	 Date			

³ The copy of the Visa/Permit may be submitted upon arrival at Trent University