

**NSERC-CREATE**  
**Auditory Cognitive Neuroscience**  
**Application for a Postdoctoral Award**

Applicants: complete pages 1-6 and submit by email with a C.V. to [acn.create@gmail.com](mailto:acn.create@gmail.com).  
Please forward a completed copy to your proposed supervisor and your recommender.

Family name of applicant	Given name	Initials of all given names	Date
<b>ADDRESSES: Changes to any of the information below must be sent to <a href="mailto:acn.create@gmail.com">acn.create@gmail.com</a>.</b>			
Current address		Permanent mailing address (if different than current address)	
If current address is temporary, indicate leaving date		Telephone number at permanent mailing address	
Telephone number		Email address (ACN-Create will use this as the point of contact)	
<b>CITIZENSHIP</b>			
<input type="checkbox"/> Canadian citizen	<input type="checkbox"/> Permanent resident of Canada	<input type="checkbox"/> Other	
Indicate date of landing as stated on official immigration document		Indicate country of citizenship	
<b>GENDER (optional)</b>		<b>DESIGNATED GROUPS (optional)</b>	
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Visible minority <input type="checkbox"/> Disabled
<b>LANGUAGE CAPABILITY (optional)</b>			
<input type="checkbox"/> English	<input type="checkbox"/> Read	<input type="checkbox"/> Write	<input type="checkbox"/> Speak
<input type="checkbox"/> French	<input type="checkbox"/> Read	<input type="checkbox"/> Write	<input type="checkbox"/> Speak
<b>SIGNATURE</b>			
I hereby agree that any award made to me as a result of this application will be subject to the general conditions governing scholarships and fellowships. These conditions are outlined in the NSERC <i>Program Guide for Students and Fellows</i> , and <i>Visiting Fellowships in Canadian Government Laboratories</i> guide.			
			_____ Signature of applicant and date

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Applicants: please complete this page except for the supervisor segment and submit with the rest of the application and a C.V. by email to acn.create@gmail.com.

Supervisors: please print, sign, scan and email this page to acn.create@gmail.com.

Family name of applicant	Given name	Initials of all given names	Date
<b>ACADEMIC RESEARCH AND OTHER RELEVANT WORK EXPERIENCE (begin with current and indicate full or part-time)</b>			
Position held and nature of work	Organization and department	Supervisor	Period (mm/yyyy – mm/yyyy)
<b>SUPERVISOR INFORMATION</b>			
Source of funding (supervisor pledges \$20,000 per year towards stipend plus \$1000 per year towards applicant's conference travel)		Grant number (proposed supervisor)	
<input type="checkbox"/> Supervisor has read the applicant's completed application form			
<b>SIGNATURE</b>			
I hereby certify that the student will participate in research activities in auditory cognitive neuroscience during the proposed period of tenure.			
<hr style="width: 30%; margin-left: auto;"/>			Signature of supervisor and date

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Family name, given name and initial(s) of applicant				
Proposed starting date of award		Proposed duration of award (one – two years)		
Current degree program		Proposed field of study/research		
Title of proposed research				
List 10 key words that describe your proposed research. Use commas to separate them.				
<b>PROPOSED LOCATION OF TENURE</b>				
Institution/organization		Department		Proposed supervisor, with title and email address
<b>ACADEMIC BACKGROUND (include only current and past degree programs)</b>				
Degree	Name of discipline	Department, institution and country	Month and year started (mm/yyyy)	Month and year awarded/expected (mm/yyyy)

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**SCHOLARSHIPS AND OTHER AWARDS OFFERED (include past/current/future support offered and federal, provincial and university sources)**

Name of Award	Value (CDN \$)	Level (Institutional; Provincial; National; International)	Type (Academic; Research; Leadership; Communication)	Location of Tenure	Period held (yyyy/mm – yyyy/mm)

Personal information collected on this form will be kept confidential.

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<b>THESES COMPLETED OR IN PROGRESS</b>		
1. Degree	Supervisor	Date degree requirements completed (yyyy/mm)
Title of thesis		
2. Degree	Supervisor	Date degree requirements completed (yyyy/mm)
Title of thesis		
<b>SUMMARY OF THESIS MOST RECENTLY COMPLETED OR IN PROGRESS</b>		
<p>Use plain language. Do not reproduce abstract of thesis.</p>		

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**Please describe your research plans below, emphasizing the match to the proposed supervisor and to the goals of the ACN-Create training program**