Last name and first name of applicant:

**TO BE INCLUDED WITH THE SCHOLARSHIP RECIPIENT’S FINAL REPORT**

All scholarship recipients must send the IRSST a final report on their work within six months of receiving their final scholarship instalment.

Make sure that all the documents listed below are included **by checking off each item**. Please send us this list along with all the required documents. Do NOT staple the sheets together.

The IRSST assumes no responsibility for incomplete files.

**List of required documents**

The “Scholarship Recipient’s Final Report” form, duly completed (front side only) and signed by the applicant and the research supervisor.

**For master’s and doctoral candidates who have completed their study program,** an electronic copy of their thesis or dissertation.

An electronic copy of publications, if applicable.

Your complete file must be sent directly to the IRSST.

You will receive confirmation of receipt by email.

**POSTAL ADDRESS:**

Graduate Studies Scholarship and Postdoctoral Fellowship Program

Institut de recherche Robert-Sauvé en santé et en sécurité du travail

505 De Maisonneuve Blvd. West, Montréal, Québec H3A 3C2

**EMAIL:** [bourses@irsst.qc.ca](mailto:bourses@irsst.qc.ca)

Last name and first name of applicant:

**Scholarship Recipient’s Final Report**

**Graduate Studies Scholarship and Postdoctoral Fellowship Program**

**SCHOLARSHIP CATEGORY INFORMATION**

Master’s  Doctorate  Postdoctorate

**APPLICANT INFORMATION**

Last name:  First name:  Sex  F  M

**CONTACT INFORMATION** *(You must notify the IRSST of any change in address as soon as it becomes effective)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Mailing address | | | Permanent address  *(if different from mailing address)* | | |
| Civic number/Street | : |  | Civic number/Street | : |  |
| City | : |  | City | : |  |
| Province/State | : |  | Province/State | : |  |
| Country | : |  | Country | : |  |
| Postal code | : |  | Postal code | : |  |
|  |  |  |  |  |  |
| Telephone home | : |  | Telephone home | : |  |
| Telephone work | : |  | Telephone work | : |  |
| Ext. | : |  | Ext. | : |  |
| E-mail | : |  | E-mail | : |  |

**PROJECT TITLE** (en français)

**RESEARCH SUPERVISOR AND CO-SUPERVISOR** (if applicable) **INFORMATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Supervisor | : |  | Co-supervisor | : |  |
| Institution | : |  | Institution | : |  |
| Department | : |  | Department | : |  |
| Discipline | : |  | Discipline | : |  |
| Mailing address | : |  | Mailing address | : |  |
|  |  |  |  |  |  |
| Telephone work | : |  | Telephone work | : |  |
| Ext. | : |  | Ext. | : |  |
| E-mail | : |  | E-mail | : |  |

**STUDY OR RESEARCH PROGRAM TO WHICH SCHOLARSHIP APPLICATION PERTAINS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Degree or credentials sought | : |  | Faculty | : |  |
| Discipline | : |  | Department | : |  |
| Specialization | : |  | City | : |  |
| University | : |  | Country | : |  |
| Date of initial registration in university program to which this scholarship application pertains (mm/yyyy):  Anticipated or effective program completion date (mm/yyyy): | | | | | |

Last name and first name of applicant:

**CAREER GOALS**

We would like to know about your career goals and whether the field of occupational health and safety is still one of your preferences.

We therefore ask you to answer the following questions.

1. Do you intend to pursue your research career?

No. Go to question no. 2.

Yes. Please provide a brief description of your career plan, telling us, if applicable, which area of occupational health and safety research is of interest to you:

1. If you do not intend to pursue your research career, do you currently hold a job in the OHS field or is a job in the OHS field of interest to you?

Last name and first name of applicant:

**TITLE OF THE PROJECT**

**SUMMARY** (maximum 2 pages)

Please describe the progress you have made in your study or fellowship program, and if applicable, identify the study program requirements (courses, examinations, thesis, dissertation, etc.) that have yet to be completed. In addition, summarize your research project by explaining the research context (why the research was necessary), presenting your conclusions[[1]](#footnote-1) and highlighting the spinoffs[[2]](#footnote-2), primarily for workplaces. The summary must not refer the reader to other publications (articles, briefs, theses, etc.), but rather must be complete within itself.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insert graphic elements (e.g. image, table, figure, equation, etc.) in this space.

Last name and first name of applicant:

**PUBLICATIONS IN THE PAST YEAR** (beginning with the most recent)

Publications (maximum 1 page)

Identify your publications by category: articles, book chapters or books, research reports. Specify whether they have been submitted or accepted, are in press, or have been published, with peer review.

Also identify your scientific and other presentations: invitational conferences, oral presentations or poster presentations. Specify the titles, locations and dates, and whether they have been peer-reviewed.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last name and first name of applicant:

**DECLARATION OF APPLICANT**

I have read and I hereby accept the general and specific regulations stipulated by the IRSST in its document entitled “Graduate Studies Scholarship and Postdoctoral Fellowship Program in Occupational Health and Safety.” I further agree to comply with the regulations and requirements applicable to the program for which I am re-applying.

I declare that all the information provided in this form is accurate and complete, and I make this declaration knowing that it is of the same force and effect as if made under oath.

Date: Signature of applicant:

**DÉCLARATION OF RESEARCH SUPERVISOR**

The research supervisor must write a sufficiently clear assessment of the scholarship recipient’s activities that a judgment can be made of the person’s progress in the study program and/or research project.

Assessment report:

Date:  Signature of research supervisor:

Name of supervisor (in block letters):

1. If your project has not yet been completed and it is difficult to present conclusions, limit yourself to the main results obtained. [↑](#footnote-ref-1)
2. If your project has not yet been completed and it is difficult to highlight the spinoffs, limit yourself to the contributions anticipated upon completion of the study. [↑](#footnote-ref-2)