

APPLICANT'S NAME: _____

**ASSESSMENT OF AN APPLICANT FOR THE UNIVERSITY OF TORONTO,
DEPARTMENT OF MEDICINE, THE ELIOT PHILLIPSON CLINICIAN-SCIENTIST
TRAINING PROGRAM**

NOTE TO THE REFEREE

This assessment consists of two parts: (A) Assessment form and (B) Letter of support. Both must be completed.

The information provided on this form is most important to the Clinician-Scientist Committee in evaluating the suitability of the applicant for training in research in health sciences. You are therefore asked to give detailed information (both pro and con) about the applicant.

Check (✓) the boxes that most nearly represent your opinion of the applicant in comparison with a representative group of individuals you have known who have had approximately the same training and experience.

The assessment form and letter are to be scanned and emailed directly to the Department of Medicine by the application deadline indicated on the Department of Medicine website.

Please send all materials to Kristian Galberg at dom.research@utoronto.ca and indicate "**CSTP reference: *Applicants name***" in the email subject line.

If you have any questions about this reference request please to contact Kristian Galberg. Thank you for your time and effort!

	Exceptional		Excellent	Very Good	Good Upper	Acceptable Lower	Unable to judge
	Upper 2%	Upper 10%	Upper 20%	Upper 33%	50%	50%	
Background Preparation							
Industry/Perseverance							
Motivation/Initiative							
Organizational ability							
Skill at research (demonstrated)							
Skill at research (potential)							
Judgement/Critical sense							
Intellectual ability							
Originality (demonstrated)							
Originality (potential)							
Interpersonal skills							
Supervisory skills							
Independent research (potential)							
Independent research							

Name of Referee