

HEART AND STROKE FOUNDATION OF CANADA
JUNIOR PERSONNEL AWARDS
FINAL REPORT

The following is a final report template for the Heart and Stroke Foundation of Canada's Junior Personnel Awards Program. Its purpose is threefold: 1) to gather information pertaining to the results of research projects supported by the Personnel Awards program, 2) to update any changes in awardees' contact information, and 3) to aid in the evaluation of the Heart and Stroke Foundation of Canada awards programs.

Instructions:

- 1. Please limit your report to research activities between July 1st - June 30th. If you completed your award before June 30, please only report up to the date when you completed your award.
2. Once completed, please have your primary supervisor review your final report. On the last page of the final report you must then indicate that it has been reviewed by your primary supervisor.
3. Please forward your completed and reviewed final report via email no later than August 1 following the final year in which the award is held to:

Research Department, Heart and Stroke Foundation of Canada
Email: research@hsf.ca

Please note: All responses will be kept in the strictest confidentiality, according to the requirements of the Heart and Stroke Foundation of Canada and the Personal Information Protection and Electronics Document Act (PIPEDA).

Award Period
Duration of Award: Start Date: End Date:
Reporting Period: From: To:

SECTION A: CONTACT INFORMATION

Family Name Given Name Middle Initial
Primary Email Address Alternate Email Address (if applicable)

During the period covered by this final report were there any changes to your contact information? (Please select one)

Yes
No



SECTION B: PERMANENT ADDRESS

Address

City		Province/State (Canada/US only)	
Country		Postal/Zip Code (Canada/US only)	
Telephone (xxx-xxx-xxxx)	Extension (if applicable)	Fax (xxx-xxx-xxxx)	

During the period covered by this final report was there a change in your **permanent address**? (please select one)

Yes
 No

SECTION C: MAILING ADDRESS

Complete this section only if your mailing address is **different** from your permanent address.

Address

City		Province/State (Canada/US only)	
Country		Postal/Zip Code (Canada/US only)	
Telephone (xxx-xxx-xxxx)	Extension (if applicable)	Fax (xxx-xxx-xxxx)	

During the period covered by this final report was there a change in your **mailing address**? (please select one)

Yes
 No

Which address would you prefer to use for **future** correspondence? (please select one)

Permanent address
 Mailing Address

SECTION D: CURRENT POSITION

Position Title (e.g. Adjunct Professor)

Department

Institution

Position Start Date (yyyy-mm-dd)



SECTION E: AWARD INFORMATION

Type of award: *(please select one)*

- Doctoral Research Award
- Nursing Research Fellowship Award

- Research Fellowship Award
- Other *(please specify):*

Name of **Primary Supervisor**

Department

Institution

Name of **Secondary or Co-Supervisor** *(if applicable)*

Department

Institution

SECTION F: RESEARCH PROJECT PROGRESS AND FINAL RESULTS

1. Please tell us the title of your research project.

2. Please estimate what proportion of your research fell under the following **four pillars of health research**, as defined by the Michael Smith Foundation for Health Research.

%

Basic Biomedical
(Research with the goal of understanding normal and abnormal functioning, at the molecular, cellular, organ system, and whole body levels, including the development of tools and techniques to be applied for this purpose; developing new therapies or devices which improve health or the quality of life of individuals, up to the point where they are tested on human subjects. Studies on human subjects that do not have a diagnostic or therapeutic orientation.)

Clinical
(Research with the goal of improving the diagnostic and treatment (including rehabilitation and palliation) or disease and injury; improving the health and quality of life of individuals as they pass through normal life stages. Research on or for the treatment of patients.)

Health Services/Systems
(Research with the goal of improving the efficiency and effectiveness of health professionals and the health care system, through changes to practice and policy. Health services research is a multidisciplinary field of scientific investigation that studies how social factors, financing systems, organizational structures and processes, health technologies, and personal behaviours affect access to health care, the quality and cost of health care, and ultimately our health and well-being.)

Population Health
(Research with the goal of improving the health of the Canadian population, or of defined sub-populations, through a better understanding of the ways in which social, cultural, environmental, occupational, and economic factors determine status.)



3. a) Please list the research objectives from your **original** application.

 b) For the period covered by this final report, please describe: i) any changes to these original objectives, ii) why these changes occurred, and iii) any impacts these changes may have had on your research project. *(250 words or less)*
4. For the period covered by this final report, please describe any **personal** or **project-related** factors that may have hindered the progress of your research project. *(150 words or less)*
5. Please describe your **three** greatest project-related achievements. *(150 words or less)*
6. Please describe the **final results** of your research project. *(150 words or less)*
7. In lay terminology, please describe specifically how your research project contributed to improving the cardio- and/or cerebrovascular health of Canadians. *(150 words or less)*
8. Please provide any additional comments you may have regarding your research project and its final results.

SECTION G: LISTING OF PUBLICATIONS

For the period covered by this final report, please list your publications and other research contributions, according to the categories listed below. Where applicable, use the reference format of the bibliographic notes from the original publication.

1. Refereed Papers
Please include original articles published in journals.
 - a) Published
 - b) Accepted or In-Press
 - c) Submitted
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2. Books and Monographs

- a) Published
- b) Accepted or In-Press
- c) Submitted

3. Contributions to a Collective Work/Book Chapters

Please include chapters written on invitation or collective works derived from conferences or symposiums.

- a) Published
- b) Accepted or In-Press

4. Abstracts

Please include the name of the journal and title, or the article and date submitted.

- a) Published
- b) Accepted or In-Press
- c) Submitted

5. Other Publications and Works

- a) Published
- b) Accepted or In-Press
- c) Submitted

6. Invited Presentations

Please include conferences, presentations, demonstrations, workshops intended for a non-academic audience, according to the type of audience to which you have been invited to present.



SECTION H: NUMBER OF PUBLICATIONS

- For the period covered by this final report, please indicate the number of **published, accepted or in-press, and submitted** publications, according to the categories listed below.

The number of publications a) published, b) accepted or in-press, and c) submitted under each category should correspond to the number of publications a) published, b) accepted or in-press, and c) submitted under Section G: Listing of Publications, #1-5.

	Column A	Column B	Column C
Publications	# Published	# Accepted or In-Press	# Submitted
1. Refereed Papers			
2. Books and Monographs			
3. Contributions to a Collective Work/Book Chapters			N/A
4. Abstracts			
5. Other Publications and Works			
Total Number of Publications <i>(Please add the totals for each of Columns A, B, and C.)</i>			

- For the period covered by this final report, please indicate the number of **invited presentations**.

The number of invited presentations should correspond to the number of invited presentations listed in Section G: Listing of Publications, #6.

Number of Invited Presentations

SECTION I: FUNDING INFORMATION

- List any additional funding you have received during the period you have held a HSFC Personnel Award.

Type of Funding	Grant/Award Status <i>(Please indicate with an X)</i>			Amount Applied For / Awarded (\$CDN)	Duration of Grant/Award <i>(mm/yyyy – mm/yyyy)</i>	Funding Source
	Applied	Pending	Received			

SECTION J: SUPERVISOR - SECTION

- Please provide a brief appraisal of awardee and research progress made for the period covered by this report. (Maximum 250 words)
- Please describe the nature of any work required to be carried out by the awardee apart from the research activity.



SECTION K: FUTURE PLANS

1. a) Do you intend to continue your career as a **researcher**? *(please select one)*

Yes
 No

b) Why/Why not?

2. a) Do you intend to continue your career in the field of **cardiovascular or cerebrovascular research**? *(please select one)*

Yes
 No

b) Why/Why not?

3. Please describe your **immediate** career plans. *(250 words or less)*

4. List any funding you have applied for that would commence at the end of this award.

Type of Funding	Grant/Award Status <i>(Please indicate with an X)</i>			Amount Applied For / Awarded (\$CDN)	Duration of Grant/Award <i>(mm/yyyy – mm/yyyy)</i>	Funding Source
	Applied	Pending	Received			

5. a) Where do you intend to continue your career? *(please select one)*

Canada
 United States
 Europe
 Other *(please specify):*

6. Please describe your **long-term** career plans. *(250 words or less)*

7. Please provide any additional comments you may have regarding your future plans.



