

Notice of Intent to Nominate a York Research Chair

Nominating Faculty: _____

Faculty Administrative Contact (normally Research Director or Research Officer)

Name: _____

Title or position: _____

Telephone: _____

Email address: _____

Nominee

Name: _____

Title or position: _____

Department: _____

Telephone: _____

Email address: _____

Chair Information

Tier of Chair	Tier 1 <input type="checkbox"/>	Tier 2 <input type="checkbox"/>	
Type of Chair	Centrally-supported <input type="checkbox"/>	Faculty-based <input type="checkbox"/>	VISTA-affiliated <input type="checkbox"/>
Nominee's primary funding council	NSERC Eligible <input type="checkbox"/>	CIHR Eligible <input type="checkbox"/>	SSHRC Eligible <input type="checkbox"/>

Name of the department/ faculty/ unit where the Chair will be located:

Proposed title of the Chair:

York Research Chair in _____

200 Word Summary

Provide a 200 word summary, written in lay language, of research accomplishments of the nominee.

Suggested Reviewers (those providing letters of reference are not eligible)

Please list six (6) potential reviewers for this nomination, who are widely respected within their field and **not in conflict of interest** (see below). Suggested reviewers may be from Canada or abroad.

Conflict of Interest

A conflict of interest is a conflict between a person’s duties and responsibilities with regard to the review process, and that person’s private, professional, business or public interests. There may be a real, perceived or potential conflict of interest when the review committee member, external reviewer, referee or observer:

- would receive professional or personal benefit resulting from the nomination being reviewed;
- has a professional or personal relationship with the nominee or the nominee’s institution; or
- has a direct or indirect financial interest in the nomination being reviewed.

Suggested reviewers are in a conflict of interest if they:

- are a relative or close friend, or have a personal relationship with the nominee;
- are in a position to gain or lose financially/materially from the funding of the nomination;
- have had long-standing scientific or personal differences with the nominee;
- are currently affiliated with the nominee’s primary institution, organization or company —including research hospitals and research institutes;
- are closely professionally affiliated with the nominee, as a result of having **in the last six years**:
 - frequent and regular interactions with the nominee in the course of their duties at their department, institution, organization or company;
 - been a supervisor or a trainee of the nominee;
 - collaborated, published or shared funding with the nominee, or have plans to do so in the immediate future; or,
 - been employed by the nominating institution; and/or
 - feel for any reason unable to provide an impartial review of the nomination.

Reviewers should be able to evaluate the nomination in the language in which it is written. VPRI reserves the right to make the final selection of reviewers for any nomination.

Surname: _____	Given name: _____
Title or position: _____	Dept: _____
Institution: _____	Address: _____
State/Province: _____	City: _____
Postal Code: _____	Country: _____
Telephone: _____	Email address: _____
Area(s) of Expertise: _____	

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Postal Code: _____	Country: _____
Telephone: _____	Email address: _____
Area(s) of Expertise: _____	

Exclusion of Potential Reviewers

Nominees may identify potential reviewers who, in their opinion, would be unlikely to provide an impartial review. They must also provide a justification for excluding these potential reviewers (e.g. experts with whom you or members of your research team have had serious disputes). While VPRI is not bound by this information, it will be taken into consideration in the selection of external reviewers.

This information will not be provided to external reviewers or members of the adjudication committee. The information will be used only to help choose reviewers for the current nomination.

Signatures

The undersigned each understand and agree that the guidelines relating to the York Research Chairs program, as well as the applicable University policies, govern this nomination.

The Faculty represents that the Nominee has been provided all documentation in relation to his/her York Research Chair nomination prior to its submission and the Faculty and the Nominee represents to York University that said documentation is accurate and complete.

Dean's Signature

Date: ____ / ____ / ____
Day Month Year

Nominee's Signature

Date: ____ / ____ / ____
Day Month Year