

1001 Queen St W | Toronto ON, M6J 1H4 Canada

Executive Director: Carmela Tartaglia, MD, FRCPC Interim Director, Strategy & Operations: Jordanne Holland MSW, RSW, MHSc Email: tdra@utoronto.ca Coordinating Centre: CAMH



APPLICATION FORM — TAREK K. RAJJI AWARD IN BRAIN STIMULATION RESEARCH

1. Name:		
2. Mailing Address:		
3. Telephone:	Email:	
4. Title of Research Project:		
Research Supervisor(s) (Print):		
Name of Department (Print):		
Name of Department Chair (Print):		



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5. Description of your research project in plain language. Please include the significance and
potential impact, highlighting how the project could make a difference in the field and/or
contribute to people's health and well-being. (Max 1 page)
contribute to people o meantraine went being. (wax 1 page)



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6. What are your contributions to the project? If the project is in its early stages, please list planned contributions.	your
7. Are you registered with the University of Toronto for the upcoming academic year (from to 2026)? Yes \(\square \) No \(\square \)	n 2025
8. Are you a trainee at one of the TDRA partner sites [i.e., Baycrest, the Centre for Addition Mental Health (CAMH), Ontario Shores, Sunnybrook, University Health Network (UHN) or University of Toronto]? Yes \(\subseteq \text{ No } \subseteq \)	
Please state site:	
10. Are you currently proceeding or planning to proceed to an additional degree? Yes	No 🗌
If yes, give degree, institution and year expected to graduate.	
11. What is your main field of interest?	



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12. List your training goals and caree	er plan that will be made possible with this award.
SUPERVISOR'S INFORMATION	
13. Name & University Rank:	
14. Department & Division:	
15 Addross:	
15. Address:	
16. Telephone:	Email:



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Signature of Applicant
Signature of Supervisor
 Date