IWK Health Centre

APPLICATION FOR BOARD OF DIRECTORS FELLOWSHIP

SECTION A (PARTS 1-19) TO BE COMPLETED BY CANDIDATE

1. Name/Surname Underlined

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2. Mailing Address

Home Telephone _____
Work Telephone _____
Email _____

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3. Permanent Address

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4. Citizenship

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5. If not a Canadian citizen, are you a permanent resident?
Include a photocopy of the official document.

6. Language(s) spoken _____

7. ☐ CV attached or ☐ to be forwarded

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8. Degrees and diplomas (include those expected in next twelve months)

Degree	Institution	Discipline/Area of Study	Date

☐ Academic transcripts attached or ☐ to be forwarded

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9. Present Position

POSTGRADUATE EXPERIENCE

10. List chronologically all postgraduate clinical experience to date, indicating titles and dates of all appointments held and the institutions concerned. In the case of research experience (including M.Sc. or PhD training), also give the name of your supervisor and the subject of your research.

PUBLICATIONS

11. List (a) papers and (b) abstracts that you have published, with publication references and co-authors. Attach a list if necessary.

PROPOSED RESEARCH AND CLINICAL TRAINING

12. Describe field of proposed research and clinical training. Do not exceed 150 words.

13. Department

14. Supervisor(s)

CAREER GOALS

15. Are you proceeding, or planning to proceed, to an additional degree? If so, specify degree, discipline, institution and year expected (additional information may be included in a covering letter).

16. Indicate the expected duration of the proposed training and its relevance to your future career (additional information may be included in a covering letter).

17. Referees

1. Name _____ Title _____
   Address _____ Telephone _____
   Email _____

2. Name _____ Title _____
   Address _____ Telephone _____
   Email _____

3. Name _____ Title _____
   Address _____ Telephone _____
   Email _____

NOTE: Candidates are responsible for having references sent to the proposed fellowship supervisor

18. a) Have you made application to any other granting agency for Fellowship support for this same time period? Yes ☐ No ☐

    b) If yes, please state name of agency

19. I certify that the information recorded here is complete and accurate to the best of my knowledge. I recognize that any misrepresentation or omission on my part may cause me to be disqualified from continuing the fellowship, if accepted, on the basis of this information. I hereby grant permission for contact of previous program directors to verify this information.

Signature of candidate _____ Date _____

NOTE: Send entire application to proposed supervisor for completion of Section B

I have reviewed the proposed fellowship program, including the estimated time allocations, as described by my proposed Fellowship supervisor and acknowledge that the proposal is in keeping with my objectives.

Signature of candidate _____ Date _____

Send application to:

Vice-President Medicine
IWK Health Centre
5850/5980 University Avenue, PO Box 9700
Halifax, Nova Scotia B3K 6R8

SECTION B (QUESTIONS 20-23) TO BE COMPLETED BY PROPOSED SUPERVISOR

PROPOSED FELLOWSHIP PROGRAM

20. Outline the research and clinical program and provide a summary of the candidate's specific research project (additional pages if necessary, do not exceed 150 words).

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21. Fellowship Time Allocation

Research Training ___ %
(including bench work, clinical research, coursework and literature review)

Clinical Training ___ %
(instruction in clinical medicine, patient care and other responsibilities of clinical residency-related coursework)

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22. Will any additional research costs (not covered by your present grants) be incurred as a result of the appointment of the applicant as a Fellow? Yes ☐ No ☐

If yes, please give details and estimate total costs for the year.

23. UNDERTAKING OF FELLOWSHIP SUPERVISOR

If a Fellowship is awarded for the program described above, I will supervise the Fellow

Supervisor:
Name _____

Signature _____
Date _____

Head of Department:
Name _____

Signature _____
Date _____

After completing 20-23, the proposed supervisor is to return the application to the candidate for acknowledgement of proposed program.