



## Application Form for the CANOC Scholarship Programme

**Note:** This application must be completed in full. The completed application must be received by the CTN no later than June 1.

**Note:** You will need to have a current version of Adobe Acrobat Reader (free) or Adobe Writer or Adobe Professional to complete and submit this form. To update, please go to <http://www.adobe.com/products/reader/>.

### Applicant Checklist

This application contains:

- The application form, fully completed and signed
- A covering letter from the candidate
- A letter of undertaking from the proposed supervisor
- Letters from at least two references
- Any other pertinent documents
  - trial/proposed research

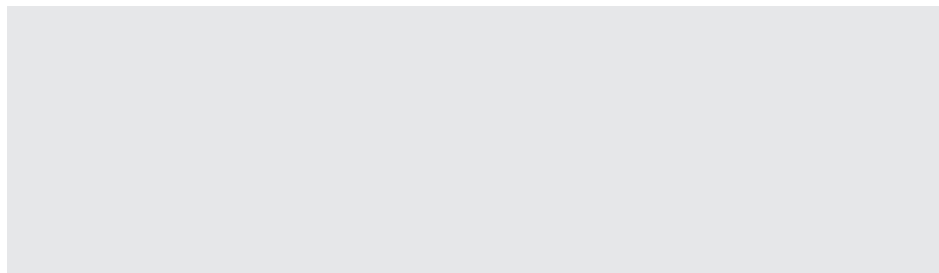
CIHR Canadian HIV Trials Network  
620B - 1081 Burrard Street  
Vancouver, BC V6Z 1Y6

Tel 604 806 8327  
Fax 604 806 8210  
[ctninfo@hivnet.ubc.ca](mailto:ctninfo@hivnet.ubc.ca)  
[www.hivnet.ubc.ca](http://www.hivnet.ubc.ca)

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**1. Family Name, Given Name**

Please type within the grey box.



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**2. Date of Birth**

Day    Month    Year

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**3. Citizenship Status**

- Canadian
- Permanent Resident in Canada
- Foreign

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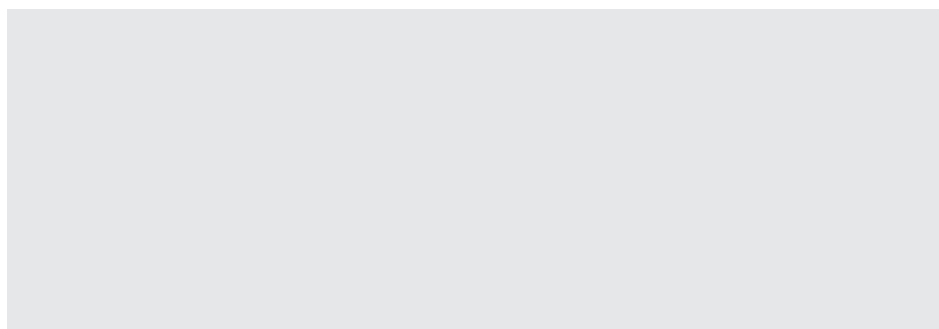
**4. Mailing Address**

Please include:

Telephone Number (Home, Work, Cellular)

Fax Number

E-mail Address



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**5. Location of Proposed Training**

Department

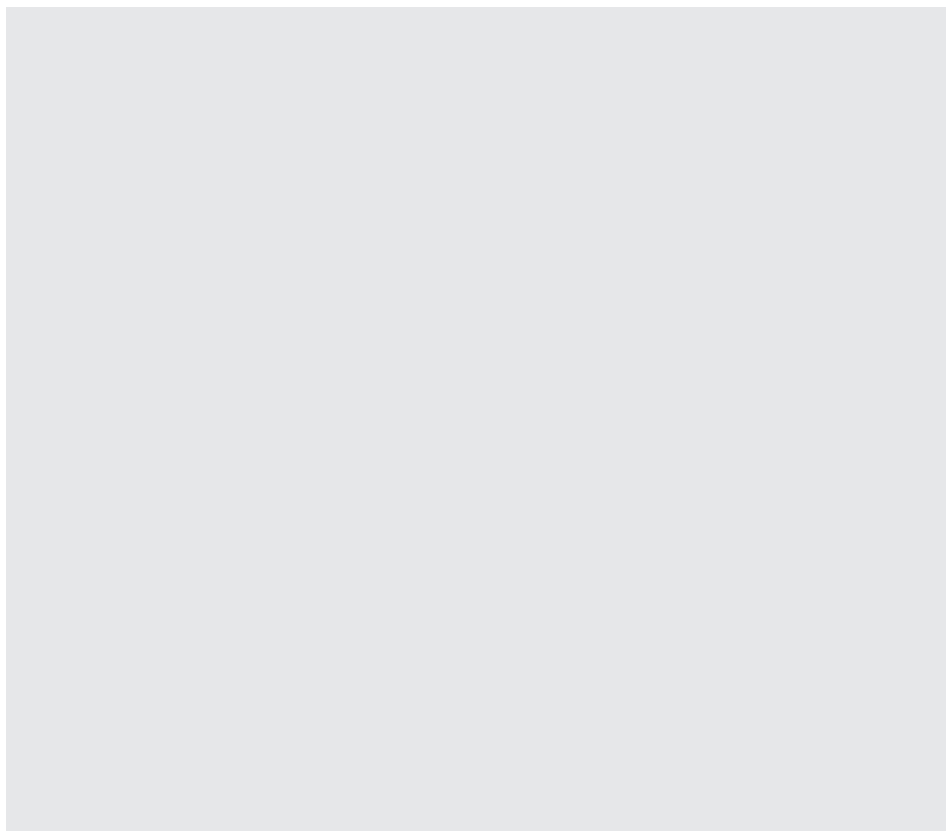
Faculty

University

Supervisor(s)

Telephone # of Supervisor

Complete Mailing Address  
of Training



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**6. Degrees and Speciality Certifications**

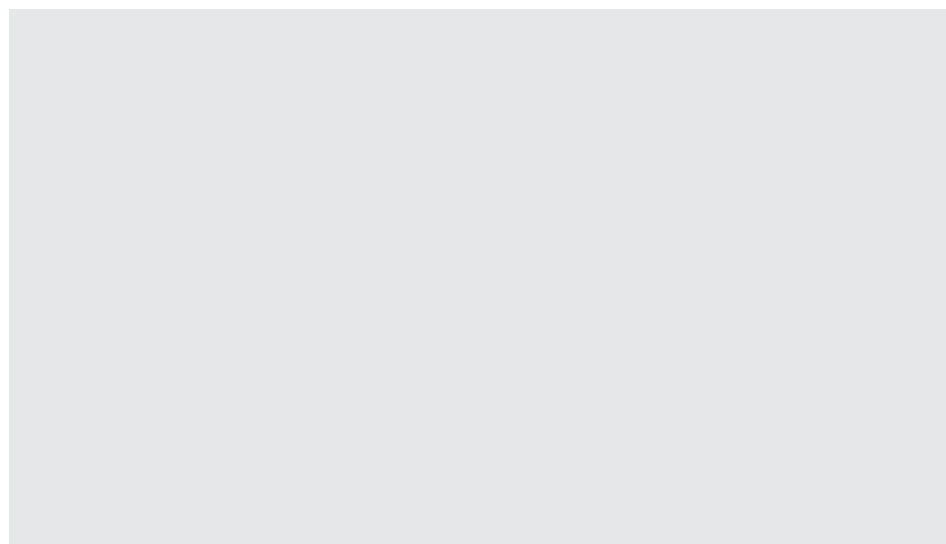
Include those expected in  
the next twelve months

Type

Institution

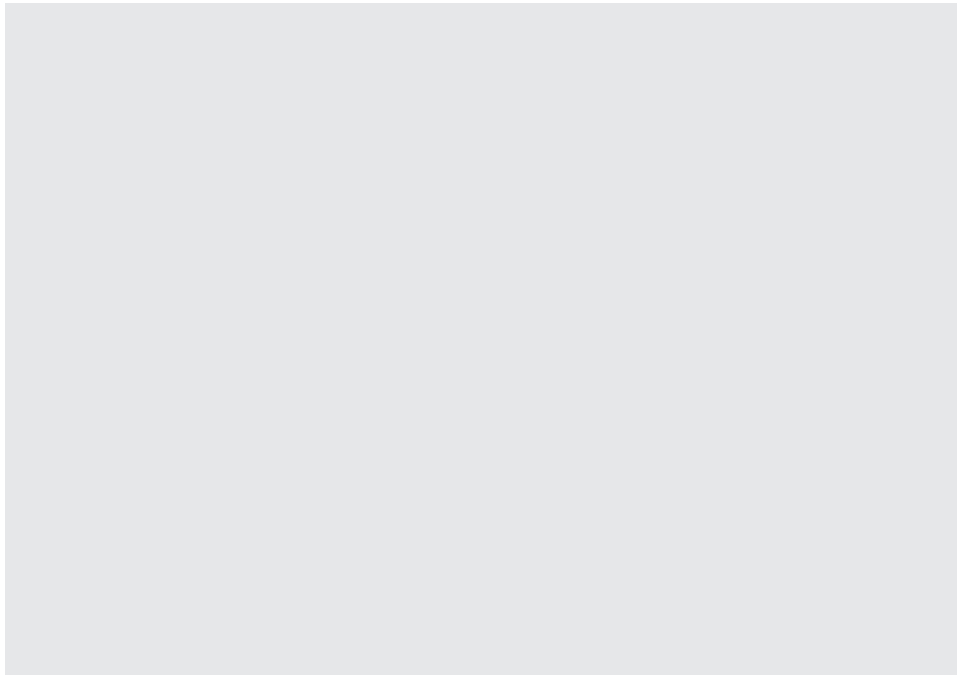
Speciality

Date



## 7. Academic Experience

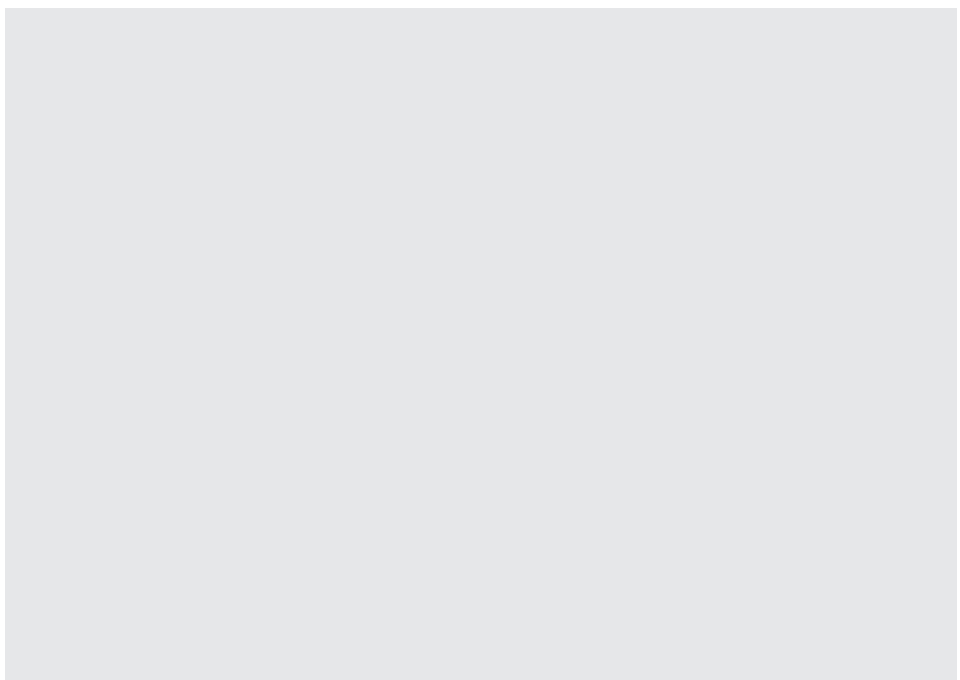
List chronologically all academic experience to date, including clinical training and research. Indicate the institutions concerned in the case of research experience (including MSc or PhD training). Also provide the name of your supervisor and the subject of your research.



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## 8. Honours and Awards

List the undergraduate and graduate awards that you have held, indicating type and dates.



**9. Publications**

Attach a list of (a) the papers (b) the book chapters and (c) abstracts you have published and/or submitted, giving the titles, references, and co-authors (if any). Also, please indicate briefly the extent of your contribution. Note that copies of your publications (published or in press) are not required.

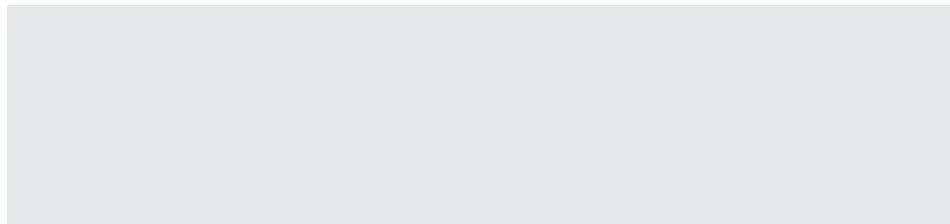
	Number of Papers	Number of Book Chapters	Number of Abstracts
Co-author			
First Author			
Sole Author			
Total			

**10. Fields of Proposed Research Training and Objectives**

- a) Major (one only)
- b) Minor (maximum of two)
- c) Objectives

**11. References**

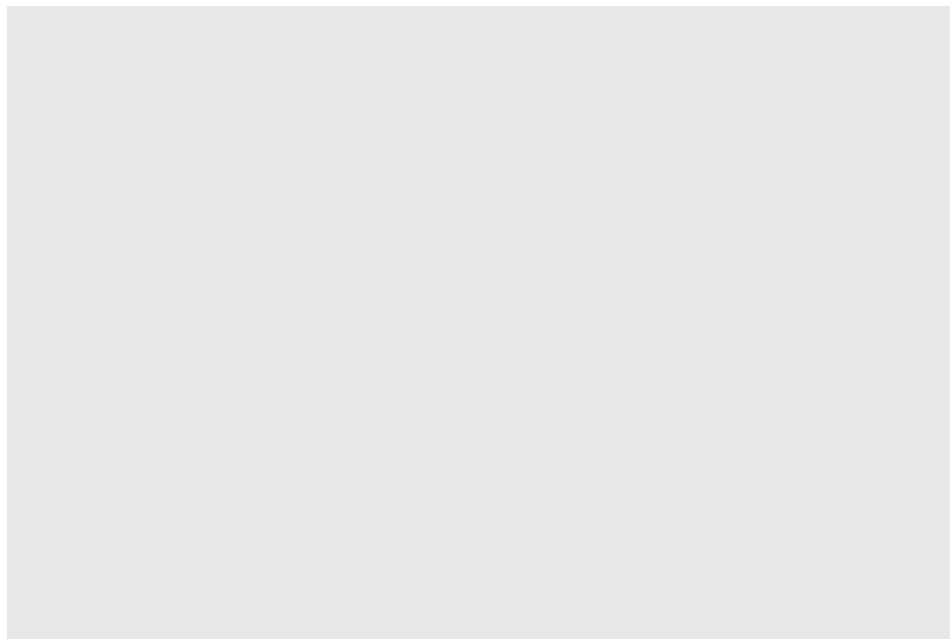
Give (list) the names of at least two individuals whose assessments accompany this application.



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**12. Title and Summary of Research to be Conducted by the Candidate Under the Proposed Scholarship.**

Attach a separate sheet if necessary

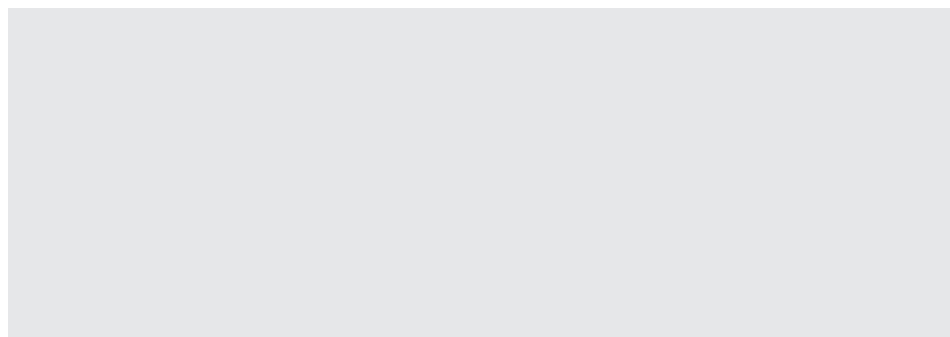


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**13. Community Engagement Plan**

How will your research affect people living with and affected by HIV/AIDS and those at risk?

Attach separate sheet if necessary.



**14. Training Time Allocation**

Including bench work,  
clinical research,  
coursework and literature  
review.

Research Training \_\_\_\_\_ %

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**15. Undertaking of Applicant**

I understand and agree to  
fulfill the requirements of  
this fellowship as  
described in the  
guidelines.

Signature

Date

\_\_\_\_\_

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**16. Undertaking of Training Supervisor**

If an Fellowship is awarded, I  
will accept the Fellow for  
research training in my  
centre. Adequate resources  
will be available to cover the  
costs of the Fellow's  
research.

Signature

Date

\_\_\_\_\_

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