



the CTN
CIHR Canadian
HIV Trials Network

le Réseau
Réseau canadien
pour les essais VIH des IRSC

Application Form for the CTN Postdoctoral Fellowship Program

Note: This application must be completed in full. The completed application must be received by the CTN no later than January 31.

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:

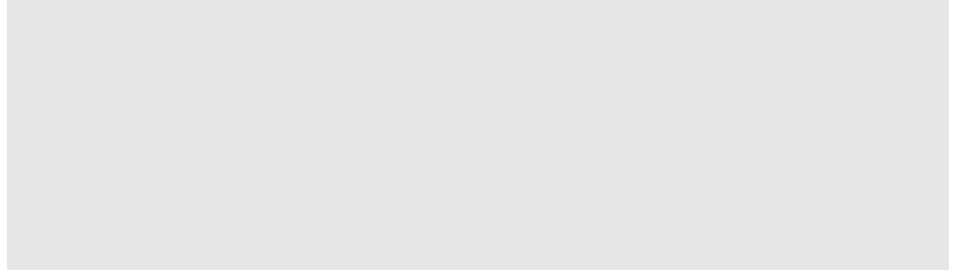
- The application form, fully completed and signed
- A covering letter from the candidate (see page 3 of guidelines)
- A letter of undertaking from the proposed supervisor (see page 3 of the guidelines)
- Letters from at least two references (in addition to that of the supervisor)
- Any other pertinent documents
 - MD license if applicable
 - trial protocol, if applicable

CIHR Canadian HIV Trials Network
588 – 1081 Burrard Street
Vancouver, BC V6Z 1Y6

Tel 604 806 8327
ctninfo@hivnet.ubc.ca
www.hivnet.ubc.ca

1. Family Name, Given Name

Please type within the grey box.



2. Citizenship Status

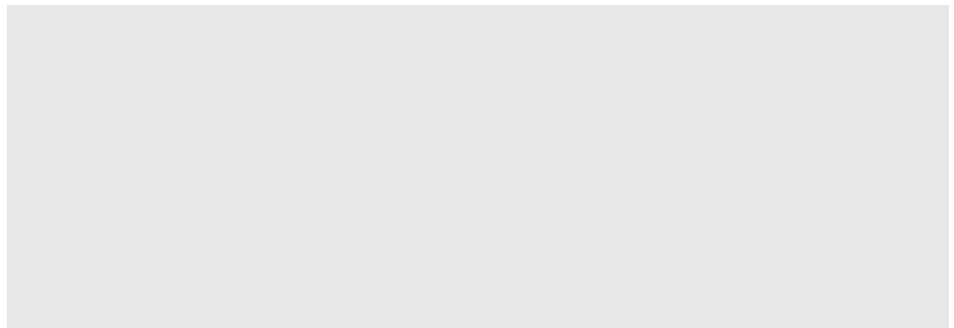
- Canadian
- Permanent Resident in Canada
- Foreign

3. Mailing Address

Please include:

Telephone Number
(Home, Work, Cellular)

Email Address



4. Location of Proposed Training

Department

Faculty

University

Supervisor(s)

Telephone and Email Address
of Supervisor

Complete Mailing Address
of Training

A large, solid grey rectangular area that serves as a placeholder for the information requested in the labels to the left of this section.

5. Degrees and Speciality Certifications

Include those expected in
the next 12 months

Type

Institution

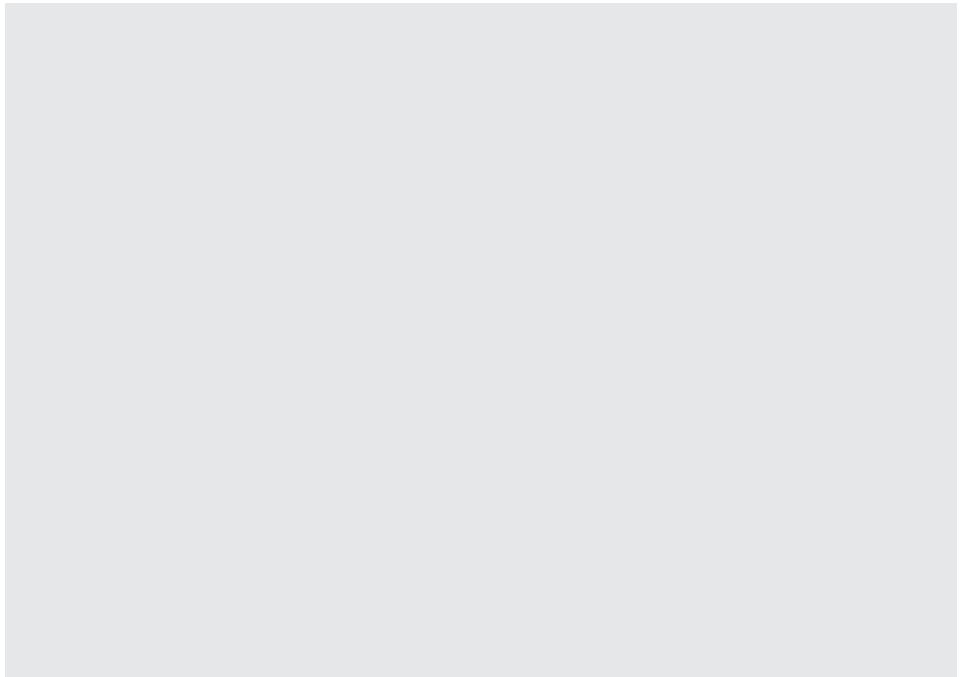
Speciality

Date

A large, solid grey rectangular area that serves as a placeholder for the information requested in the labels to the left of this section.

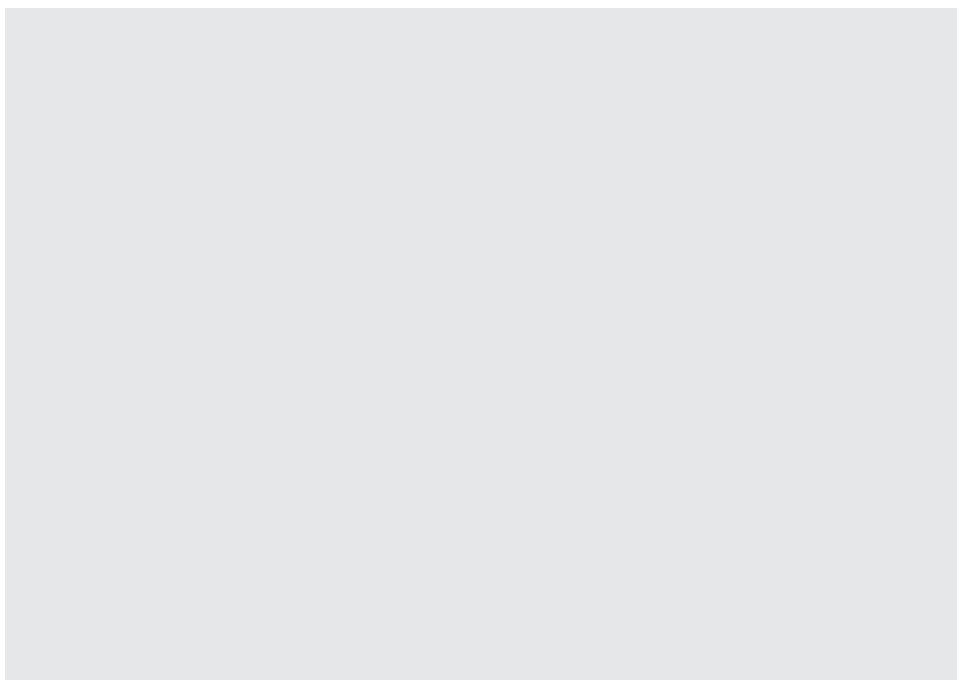
6. Postgraduate Experience

List, starting with most recent, all postgraduate clinical and research training and institutions. In the case of research experience, including MSc and PhD training, name of supervisor and subject of research.



7. Honours and Awards

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



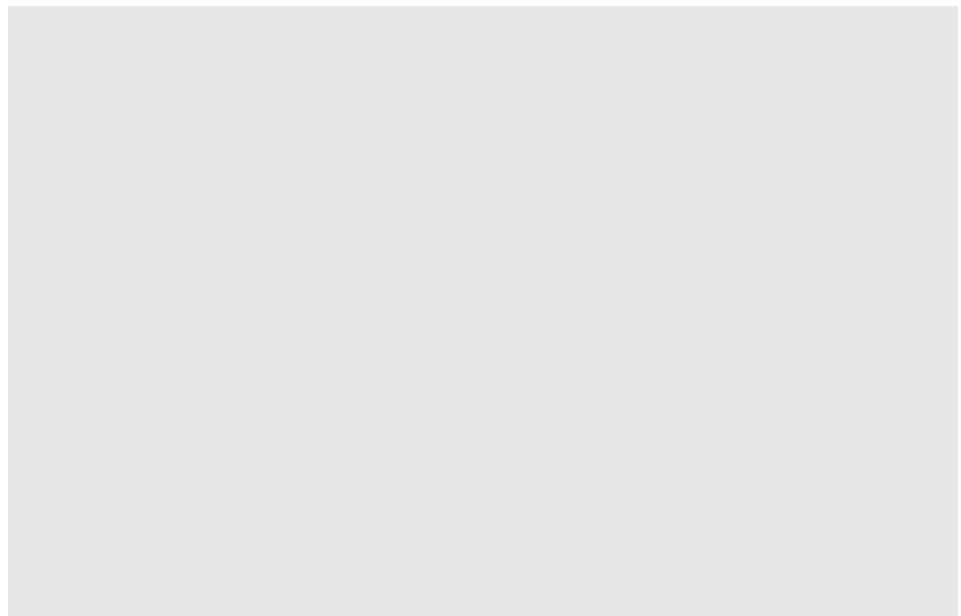
8. Publications

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			

9. Fields of Proposed Research Training and Objectives

- a) Objectives
- b) Hypothesis
- c) Methods
- d) Statistical analysis plan if applicable
- e) Community engagement
- f) Knowledge Translation



10. Are you proceeding or planning to proceed to any additional degrees?

If so specify degree, discipline, institution and year expected.

Yes

No

11. Have you applied for other fellowships? If so, please list.

12. References

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

13. Title and Summary of Research to be Conducted by the Candidate Under the Proposed Fellowship

The summary must contain a maximum of 2000 words (4 pages single spaced).

14. Training Time Allocation

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

Research Training _____ %

Instruction in clinical techniques, patient care and other responsibilities of clinical residency related coursework. Not to exceed 25 per cent.

Clinical Training _____ %

15. Undertaking of Applicant

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

Signature

Date

16. Undertaking of Training Supervisor

If a 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

17. Undertaking of Sponsoring Institution

Name of department and institution is prepared to sponsor this proposed Fellowship and to appoint the Fellow to an appropriate position within the department.

Signature _____ Date _____
Department Head