



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 February 1, 2023.

**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)
- Letter from the Sponsoring Institution (including ethical oversight body)
- Any other pertinent documents
  - PhD diploma, if applicable
  - MD license, if applicable
  - Research protocol, if applicable
  - Other

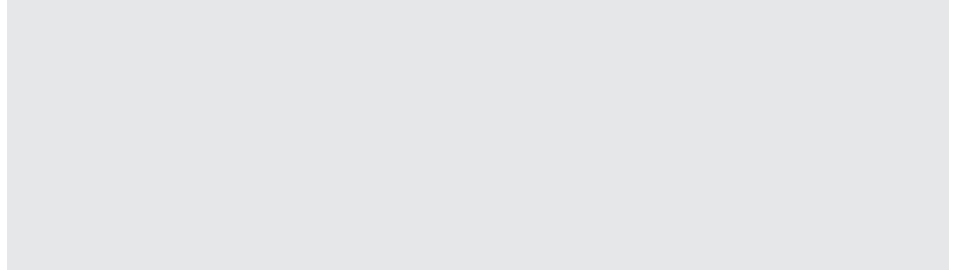
CIHR Canadian HIV Trials Network  
570 – 1081 Burrard  
Street Vancouver, BC  
V6Z 1Y6

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

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### 1. Family Name, Given Name

Please type within the grey box.



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### 2. Citizenship Status

- Canadian
- Permanent Resident in Canada
- Foreign

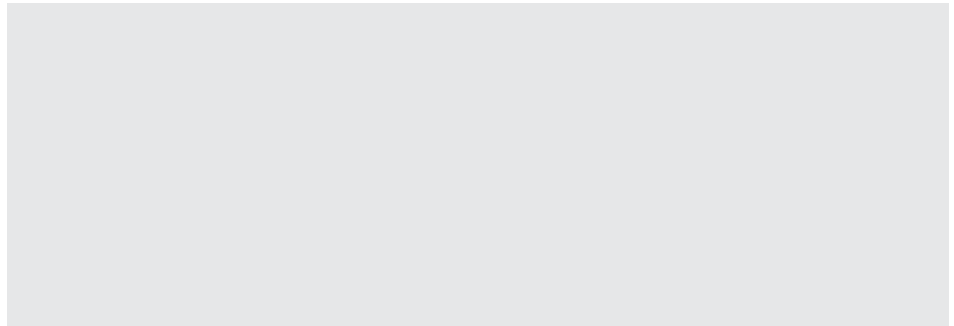
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### 3. Mailing Address

Please include:

Telephone Number  
(Home, Work, Cellular)

Email Address



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#### 4. Location of Proposed Training

Department

Faculty

University

Supervisor(s)

Supervisor(s) Telephone  
& Email Addresses

Complete Mailing  
Address of Training  
Location

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#### 5. Degrees and Speciality Certifications

Include those expected in  
the next 12 months:

Type

Institution

Speciality

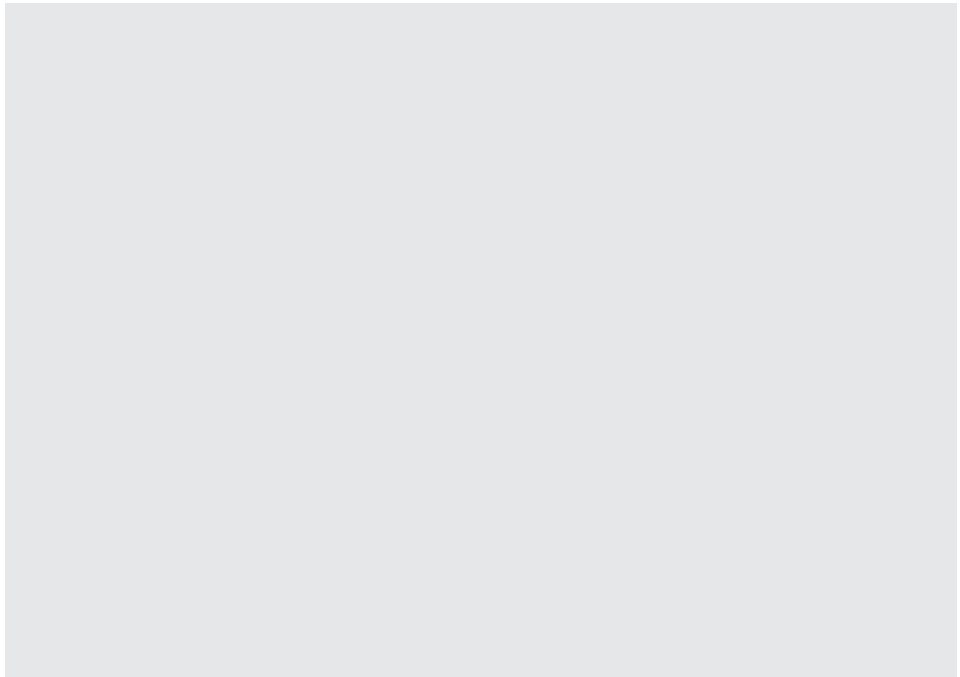
Date

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## 6. Postgraduate Experience

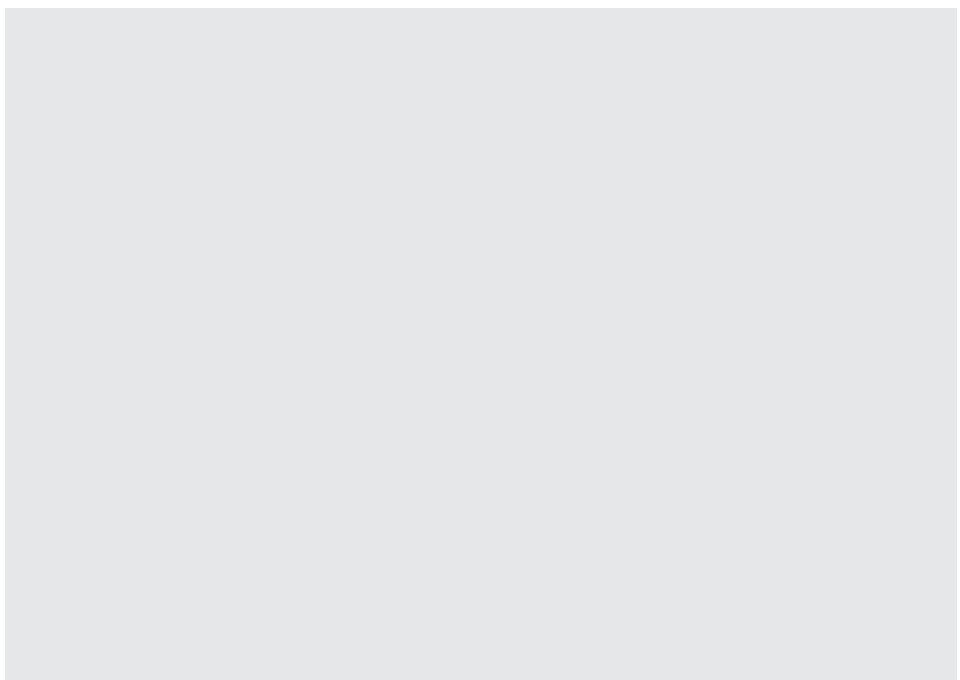
List, starting with most recent, all postgraduate clinical and research training and institutions. In the case of research experience, including MSc and PhD training, name of supervisor and subject of research.



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## 7. Honours and Awards

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



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## 8. Publications

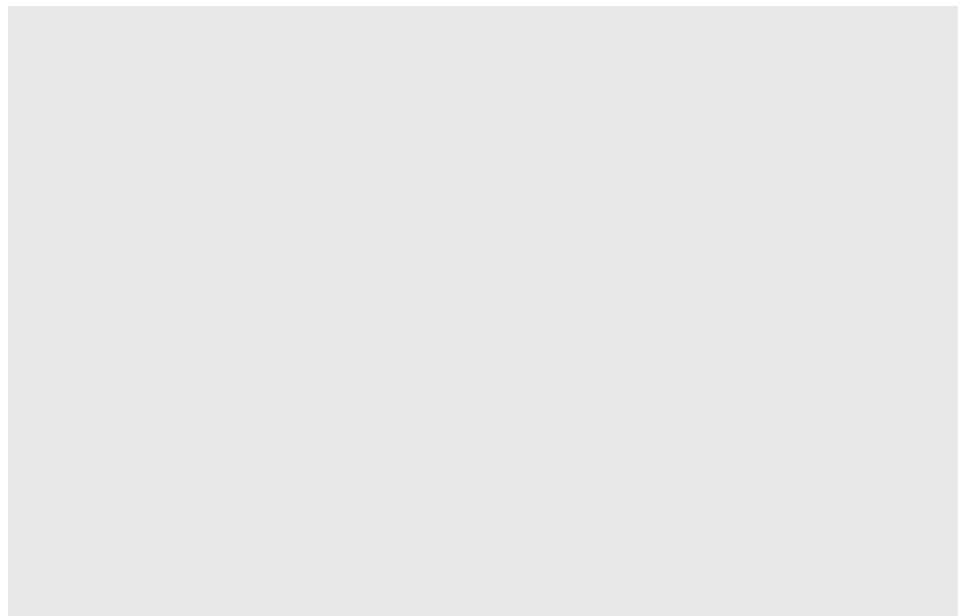
Attach a list of (a) the papers (b) the book chapters and (c) abstracts you have published and/or submitted, giving the titles, references, and co-authors (if any). Also, please indicate briefly the extent of your contribution. Note that copies of your publications (published or in press) are not required.

	No. of Papers	No. of Book Chapters	No. of Abstracts
Co-author			
First Author			
Sole Author			
Total			

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## 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



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**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.**

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**12. References**

List the names of at least two individuals whose assessments accompany this application.

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

Maximum of 2000 words (4 pages single spaced, 11 font).  
Attach additional pages if necessary.

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**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 \_\_\_\_\_ %

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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 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

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**17. Undertaking of Sponsoring Institution**

\_\_\_\_\_  
**Name of Department within the Sponsoring Institution and Name of Appropriate Authorized Official** that is prepared to sponsor this proposed Fellowship and to appoint the fellow to an appropriate position within the department.

Signature \_\_\_\_\_ Date \_\_\_\_\_