



the CTN
CIHR Canadian
HIV Trials Network

le Réseau
Réseau canadien
pour les essais VIH des IRSC

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 15.

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:

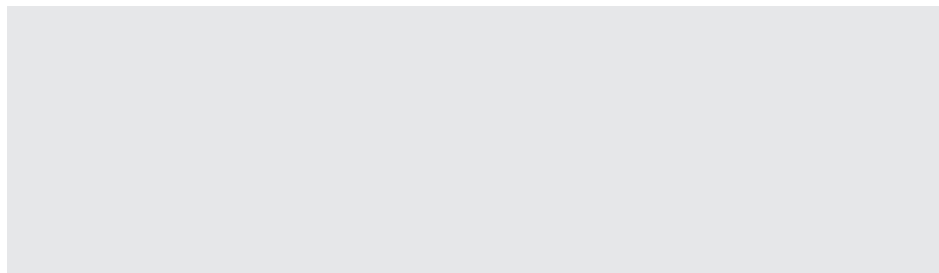
- The application form, fully completed and signed
- A covering letter from the candidate
- A letter of undertaking from the proposed supervisor
- Letters from at least two references
- Any other pertinent documents
 - trial/proposed research

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
www.hivnet.ubc.ca

1. Family Name, Given Name

Please type within the grey box.



2. Date of Birth

Day Month Year

3. Citizenship Status

- Canadian
- Permanent Resident in Canada
- Foreign

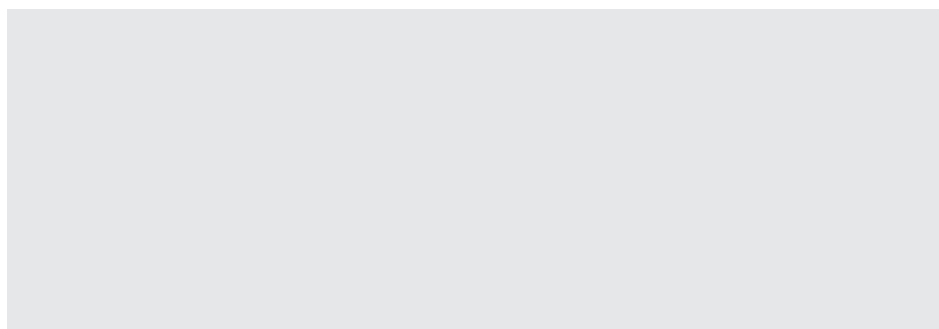
4. Mailing Address

Please include:

Telephone Number (Home, Work, Cellular)

Fax Number

E-mail Address



5. Location of Proposed Training

Department

Faculty

University

Supervisor(s)

Telephone # of Supervisor

Complete Mailing Address
of Training

A large, light grey rectangular area that serves as a form for providing the details of the proposed training location. It is positioned to the right of the labels and covers the majority of the page width.

6. Degrees and Speciality Certifications

Include those expected in
the next twelve months

Type

Institution

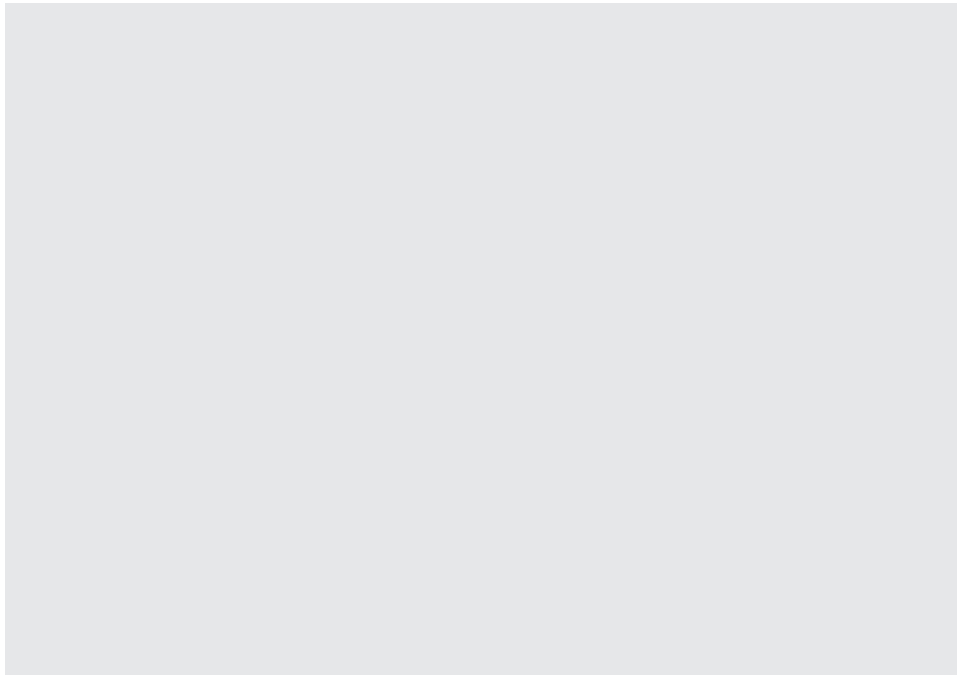
Speciality

Date

A large, light grey rectangular area that serves as a form for providing details of degrees and speciality certifications. It is positioned to the right of the labels and covers the majority of the page width.

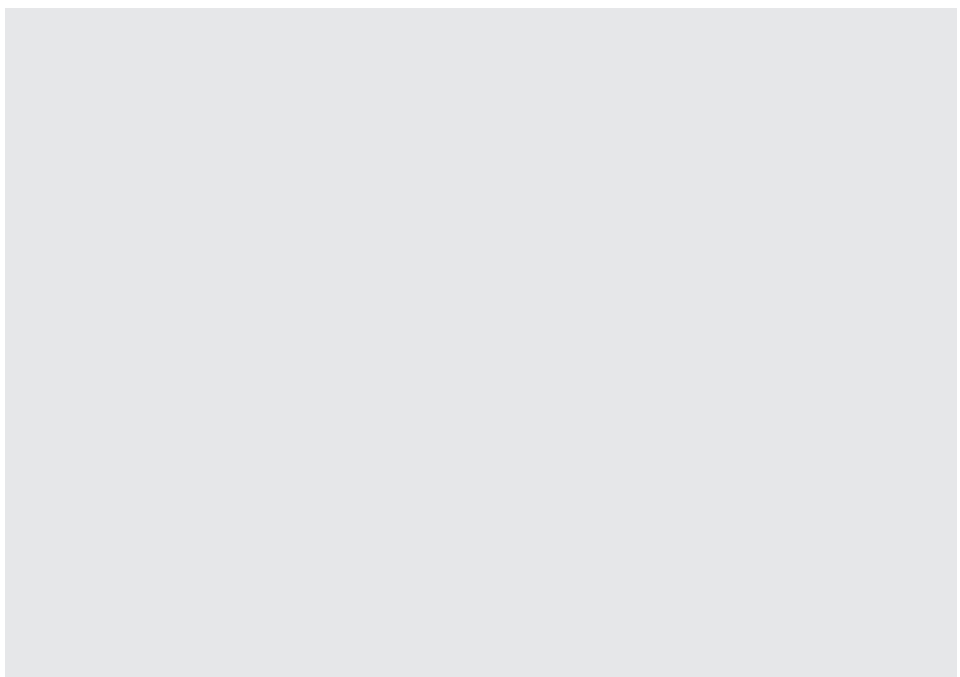
7. Academic Experience

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.



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.

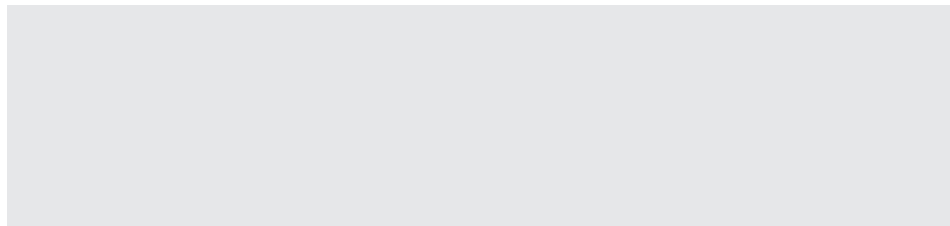
	Number of Papers	Number of Book Chapters	Number of Abstracts
Co-author			
First Author			
Sole Author			
Total			

10. Fields of Proposed Research Training and Objectives

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

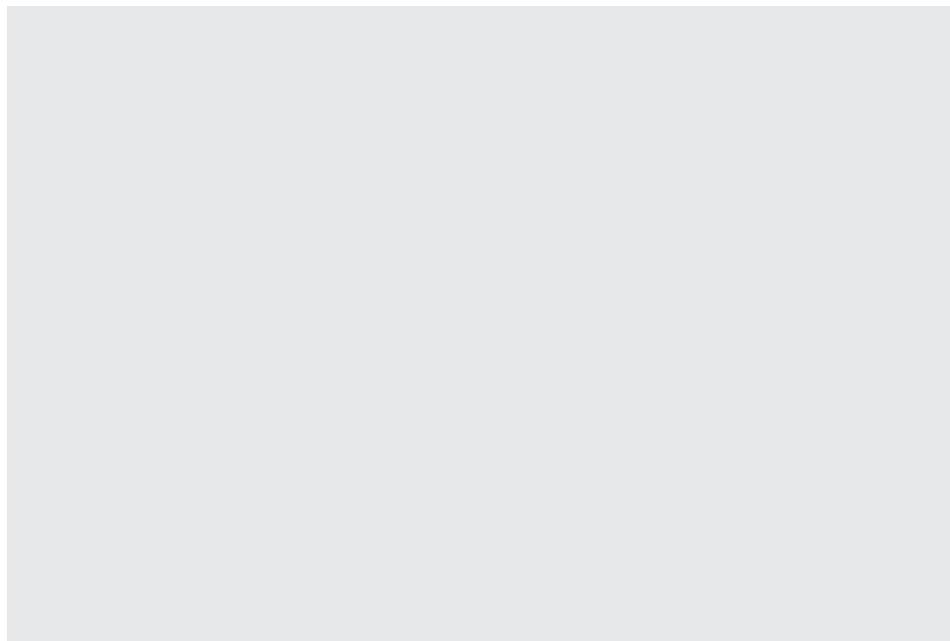
11. References

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



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

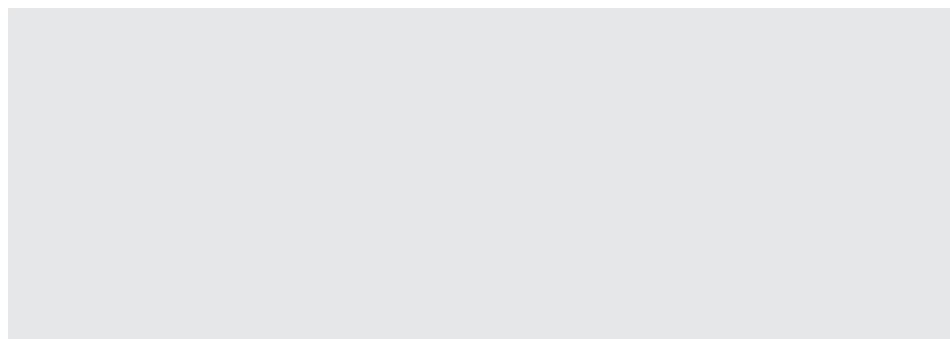
Attach a separate sheet if necessary



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 _____ %

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 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
