



# The Interdisciplinary Women's Reproductive Health (IWRH) Research Training Program

Graduate Studentship, Post Doctoral and Clinical Fellowship Awards  
CV Form for Trainee Applicants

<b>Title:</b> [REDACTED]		<b>Surname:</b> [REDACTED]		<b>Given Name(s):</b> [REDACTED]			
<b>Mailing Address (for correspondence):</b> [REDACTED]				<b>Permanent Address (Please indicate an alternate address for contact outside of school year):</b> [REDACTED]			
<b>Electronic Addresses</b>				<b>Telephone / Fax Numbers</b>			
<b>Type</b>	<b>Address</b>			<b>Type</b>	<b>Number</b>	<b>Type</b>	<b>Number</b>
<b>E-mail 1</b>	[REDACTED]			<b>Main</b>	[REDACTED]	<b>Fax</b>	[REDACTED]
<b>E-mail 2</b>	[REDACTED]			<b>Office</b>	[REDACTED]	<b>Lab</b>	[REDACTED]
<b>www.</b>	[REDACTED]			<b>Cell</b>	[REDACTED]	<b>Home</b>	[REDACTED]
<p><b>Areas of Expertise:</b> Provide 10 to 15 keywords in total describing your areas of expertise in research, instruments and techniques. Use commas to separate keywords.</p> <p>[REDACTED]</p>							
<b>Signature:</b> [REDACTED]				<b>Date:</b> (dd/mm/yyyy) [REDACTED]			
<b>CV FORM FOR TRAINEE APPLICANTS</b>				<b>For IWRH use only</b>			

Name of Applicant: [REDACTED]

**Academic and Professional Experience**

**a) Education:** List your degrees and diplomas starting with the most recent or in progress. (Include senior secondary school)

Subject of Degree	Institution	Country	Degree	Canadian Equivalent (if reporting a foreign degree)	Supervisor	Start Date (mm/yy)	End Date (mm/yy)
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

**b) Research Training:** List undergraduate, graduate and postdoctoral research training experience. Begin with the most recent or in progress.

Position	Institution	Department	Supervisor	Start Date (mm/yy)	End date (mm/yy)
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Name of Applicant: [REDACTED]

**c) Qualifications, certificates and licenses completed:** Begin with the most recent activity.

Title	Type	Organization	Start Date (mm/yy)	End Date (mm/yy)
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

**d) Professional Work Experience:** Include academic, industrial and public sector. Begin with the most recent activity.

Position	Institution/ Organization	Faculty/Department/School	Start Date (mm/yy)	End Date (mm/yy)
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Name of Applicant: [redacted]

**e) Indicate current degree sought**

Degree Sought	Department	University	Start Date (mm/yy)	Expected Completion (mm/yy)
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

With this award, are you proceeding or planning to proceed to any additional degree, diploma and specialty certification?  No  Yes (please specify below)

Degree Sought	Department	University	Start Date (mm/yy)	Expected Completion (mm/yy)
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

**f) Other professional and volunteer activities** (e.g. committee memberships, editorships and consultancies). Begin with the most recent activity.

Description	Activity Type	Start Date (mm/yy)	End Date (mm/yy)	Time Commitment (per week)	Time Commitment (per year)
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

Name of Applicant: [REDACTED]

g) **Presentations:** Provide title, location and a brief description. Begin with the most recent activity.

Title	Location	Date (mm/yy)	Description (Indicate invited presentations where applicable)
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Name of Applicant: [REDACTED]

**h) Interruption(s) in Training:** If there has been any interruption(s) in pursuit of your training, please provide a description in the space below. List the period and the reason for the interruption.

Description	Start Date (mm/yy)	End Date (mm/yy)
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]

**i) Honours:** List post-secondary honours (e.g. Dean's List, Book Prizes and non-monetary awards).

Name of Honour	Awarding Organization	Start Date (mm/yy)	End Date (mm/yy)
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Name of Applicant: [REDACTED]

**j) Peer Reviewed Funding and Monetary Awards:** Please list any funding award that you have received (e.g. particularly awards from National Funding Organizations, Industry and Academic Institutions). Full start dates and end dates must be included for all current monetary awards.

Name of Award	Awarding Organization	Start Date (dd/mm/yy)	End Date (dd/mm/yy)	Award Amount	Research /Travel Allowance
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

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Name of Applicant:

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**Appendix 1**

**Publication Record**

- a) Indicate the number of publications over the course of career.
- b) If a paper has been recently accepted for publication or is in press, please attach a copy of the acceptance letter.

Publication	Published	In Press	Submitted
Abstracts	<input type="text"/>	<input type="text"/>	<input type="text"/>
Book Chapters	<input type="text"/>	<input type="text"/>	<input type="text"/>
Books	<input type="text"/>	<input type="text"/>	<input type="text"/>
Monographs	<input type="text"/>	<input type="text"/>	<input type="text"/>
Refereed Conference Proceedings	<input type="text"/>	<input type="text"/>	<input type="text"/>
Refereed Journal Articles	<input type="text"/>	<input type="text"/>	<input type="text"/>
Review Articles	<input type="text"/>	<input type="text"/>	<input type="text"/>

**For each publication:**

- List full authorship as it appears in the original publication, year, title, name and volume of the publication and the first and last page numbers.
- In multi-authored publications, please describe your role, the percentage of your contribution and specify whether or not you are the senior author.
- If applicable, please provide the unique identifier (PMID or UID) for each publication.
- Please use the category list above for possible section headings.
- List publications beginning on the following page.

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**Name of Applicant:**

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**Publications (continued, insert additional pages as necessary)**

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<b>Name of applicant:</b>				
<b>Required References</b>				
Applicants must ask three individuals to provide letters of assessment on their behalf. Do not include a reference letter from your proposed primary supervisor. Referees must be academics who have functioned in a supervisory capacity with respect to the student. For Postdoctoral Fellowship applicants, one of these assessments must be from your PhD supervisor.				
<b>Surname</b>	<b>Given Name(s)</b>	<b>Relationship to Applicant</b>	<b>Position</b>	<b>Institution</b>
<b>Transcripts (Graduate students only)</b>				
Please list all transcripts that will be included with the application or mailed directly to the IWRH.				
<b>University</b>	<b>Transcript detail (degree type)</b>			



## The Interdisciplinary Women's Reproductive Health Research Training Program

Child and Family Research Institute

### IWRH Signature Statement

The following statement applies to all signatures required for the Trainee Application Form, CV Form for Trainee Applicants and Career CV Form (for trainee supervisors).

#### **The signature of the applicant confirms that he/she agrees:**

- the information on the application is complete, accurate and consistent with their institution's policy, to the best of their knowledge. The provision of false or inaccurate information may result in sanctions, including the termination of funding and disqualification from eligibility for future funding
- to inform IWRH of any changes in their eligibility status
- to use the grant only for the purpose for which it was awarded
- to meet all reporting requirements of IWRH
- to meet all ethical and research policies of their institutions on animal care, biohazards, and research activities having potential effects on the environment, where applicable
- that the information contained in the application forms may be given to persons concerned for the purposes of evaluation on condition that those persons agree to respect the confidential nature of the information
- they will acknowledge IWRH's support in all publications and presentations
- with the public release of the summary of the award
- to the terms and conditions of the IWRH award as set out in the guidelines

#### **The signature of the supervisor(s) confirms that they agree:**

- that the applicant is eligible to apply as evidenced by the student's excellent academic record and potential
- that the applicant has, or will have, appropriate space available to do the research
- that the information on the application is complete and accurate to the best of their knowledge
- to meet all reporting requirements of IWRH
- to meet all ethical and research policies outlined by the host institution

**APPENDIX 1 (Post Doctoral Candidates Only)**

**Name of applicant:**

**Reasons for selecting the same training environment/location:** Please justify why proposed training environment/location is in the same environment/location as that of your graduate training or previous post doctoral training. No additional pages may be added.

**Signatures:**

Primary Supervisor:

Co-Mentor(s):