



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

Child & Family Research Institute

Received
CFRI stamp

TRAINEE APPLICATION FORM

Deadline: Monday, November 3, 2008

Have you previously applied to this program?

Yes No

IWRH Trainee Program Please check the appropriate box:

Graduate Studentship Award Masters Clinical Fellow
Post Doctoral Fellowship Award Ph.D Clinician Scientist

Project Title:

Candidate Information

Title: _____ Surname: _____ Given Name(s): _____

Citizenship: Canadian Permanent Resident Other (specify country): _____

Proposed or Primary Supervisor(s)

1) Title, Surname, Given Name(s):
Faculty, Department, Institution:

Proposed Co-Mentor(s)

1) Title, Surname, Given Name(s):
Faculty, Department, Institution:

2) Title, Surname, Given Name(s):
Faculty, Department, Institution:

University (at which the applicant is currently registered, if applicable)

Faculty:

Department:

Research Unit:

Are you currently Graduate Student?

Yes No

Program of Study:

Name of Department:

If not currently enrolled in a graduate program, please indicate to which degree granting department you are applying to:

- | | |
|--|--|
| <input type="checkbox"/> The Reproductive and Developmental Sciences Program | <input type="checkbox"/> The Centre for Applied Ethics |
| <input type="checkbox"/> The Department of Medical Genetics | <input type="checkbox"/> The School of Nursing |
| <input type="checkbox"/> The Department of Health Care and Epidemiology | <input type="checkbox"/> The Department of Psychiatry |
| <input type="checkbox"/> The Division of Family Practice & Midwifery | <input type="checkbox"/> The Department of Medicine |

Proposed start date:

SIGNATURES:

CANDIDATE	PROPOSED OR PRIMARY SUPERVISOR
Print Name:	Print Name:
Sign:	Sign:
Date:	Date:

PROPOSED CO-MENTOR(S)	
Print Name:	Print Name:
Sign:	Sign:
Date:	Date:

HEAD OF DEPARTMENT	DEAN OF FACULTY OR DIRECTOR OF INSTITUTION
Print Name:	Print Name:
Sign:	Sign:
Date:	Date:

PRESIDENT OR PRINCIPAL OF INSTITUTION
Print Name:
Sign:
Date:

Name of applicant:

Training Expectations

Graduate Students / Residents/Clinical Fellows/Clinician Scientists: In the space below provide an overview describing how the training you expect to acquire through the IWRH Training Program will enhance your career goals and interdisciplinary research skills. (Limited to space below)

Post Doctoral Fellowship Awards: In the space below provide an overview of how your previous research training relates to the present and how it demonstrates your interest in interdisciplinary research. Describe how the training you expect to acquire will contribute to your future research achievements and productivity, and how the award will enhance your career goals in the field of women's reproductive health. (Limited to the space below)

Name of applicant:

Project title:

Summary of proposed research: In the space below, provide a succinct description of the interdisciplinary research project to be undertaken during the tenure of this program. This section should be completed in collaboration with the proposed supervisor. **NO** supporting data may be appended, do not include references. May not exceed allowed space (page 5 & 6). Describe specific hypothesis of research, methodologies and objectives.

Explain clearly: 1) The interdisciplinary nature of these studies

2) The relevance to women's reproductive health

3) The candidate's specific role in performing the research

4) The specific role of the co-mentor (s)

Name of applicant:

Summary of research project (continued)

Summary Written by: Candidate Supervisor Supervisor and Candidate

Signatures

Primary Supervisor:

Co-Mentor(s):

Candidate:

Name of applicant:				
Required References				
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.				
Surname	Given Name(s)	Relationship to Applicant	Position	Institution
Transcripts (Graduate students only)				
Please list all transcripts that will be included with the application or mailed directly to the IWRH.				
University	Transcript detail (degree type)			



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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 disenfranchisement 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):