WESTERN UNIVERSITY APPLICATION FOR
CANADA IMPACT+ RESEARCH CHAIR POSITIONS

NAME:

ADDRESS

STREET/STREET#:

CITY: PROVINCE/STATE:

COUNTRY: POSTAL/ZIP CODE:

Date of Completion of PHD or Equivalent:

University of PhD or Equivalent:

I would like my application to be considered in the following research disciplines: (*please check all that apply*)

☐ CIHR (Canadian Institute of Health Research) ☐ NSERC (Natural Sciences and Engineering Research Council) ☐ SSHRC (Social Sciences and Humanities Research Council)

Provide up to 4 key words to describe your current research area(s) of expertise:

All qualified candidates are encouraged to apply. To assist the University in complying with the Temporary Foreign Worker Program (TFWP), if required, please provide a response to the following:

Are you a Canadian Citizen or Permanent Resident? ☐ Yes ☐ No

Declaration: All the information I have given in this application is true and complete.

_____

Signature

Date

The personal information on this form is collected under the authority of the University of Western Ontario Act, 1982. For further information about this collection, please contact the Faculty Recruitment Consultant, Office of the Vice-Provost, Academic Planning, Policy and Faculty. The University of Western Ontario, London, ON, N6A 3K7; phone: 519-661-2111 ext 82915.

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