

Primary Health Care System (PHCS) Program Research Fellowships - 2012

A) GENERAL INFORMATION- Applicant

☐ Dr. ☐ Ms. ☐ Mr. First Name Last Name

Address City

Province Postal Code Email

Bus. Phone Home/Cell Fax

Gender ☐ Female ☐ Male

B) FUNDING INFORMATION

B1 Any Existing Funding (scholarship, fellowship, etc.?)

Applied:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Source <input type="text"/>	Coverage Period <input type="text"/>
Received:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Source <input type="text"/>	Coverage Period <input type="text"/>
		Amount	<input type="text"/>

C) EDUCATION

C1 Current Academic level (level you are at currently, not necessarily completed)

- ☐ Masters
- ☐ PhD
- ☐ Post-Doctoral Fellow
- ☐ Mid-career Clinician *e.g. practicing health professional, not currently enrolled in school, increasing research capacity*
- ☐ Other *Please specify*

C2 Current University Affiliation (if any)

Department Affiliation (if any)

C3 If you are currently attending school, are you studying full-time or part-time?

☐ Full Time ☐ Part Time

Start Date (month/year) Expected Completion Date (month/year)

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C4 List all academic degrees completed or in progress. Include post-doctoral fellowships. List most recent degree completed or in progress on the first line and work back from there.

1.	University & department		Degree		Year completed (otherwise state in progress)	
2.	University & department		Degree		Year completed (otherwise state in progress)	
3.	University & department		Degree		Year completed (otherwise state in progress)	
4.	University & department		Degree		Year completed (otherwise state in progress)	

D) PROFESSIONAL EXPERIENCE

D1 If not currently a student, please provide details of your current status

Employed As

Employed At

☐ Full Time

☐ Part Time

D2 How many days of the week will you devote to research training?

days/week

E) RESEARCH EXPERIENCE

E1 How many years research experience since completing your highest graduate degree?

Years

Months

E2 What are your areas of research (generally)?

E3 Provide one sentence describing your proposed research project.

I certify that the information provided in this form is accurate.

Date of Application (DD MON YYYY)

☐ Yes, the
information is
accurate

Initials

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F) LETTER OF APPLICATION - 4 Sections

I. Explain your interest in Primary Health Care research (maximum one page)

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II. Explain how the Primary Health Care System (PHCS) Program research fellowship opportunity will foster your career goals (include your current position and where you see yourself in 5-10 years) (maximum 1/2 page)

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III. Write a one-page description of your current area of research interest including a working title of your proposed research project.

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IV. Describe how your area of research fits within the domain of Primary Health Care (maximum 1/2 page)

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Application Package Checklist

- ☐ Application Form including:
 - I. Explain your interest in Primary Health Care Research (maximum 1 page)
 - II. Explain how the Primary Health Care System (PHCS) Program Research Fellowship opportunity will foster your career goals (include your current position and where you see yourself in 5-10 years - maximum ½ page).
 - III. Write a one-page description of your current area of research interest include a working title of a proposed research project.
 - IV. Describe how your area of research fits within the domain of Primary Health Care. ½ page maximum
- ☐ Supervisor Form and letter of reference
- ☐ CV of applicant
- ☐ CV of supervisor
- ☐ Copy of latest transcript (due to time constraints, an unofficial copy will suffice)

Please send Package electronically or by fax to:

Primary Health Care System (PHCS) Program

C/O Centre for Studies in Family Medicine

Western University

Fax: 519-858-5029 email: phcs@uwo.ca

If you have any questions, please contact Leslie at 519-661-2111x22012