**CLINICAL BURSARY AWARD**

**Form A – To be completed by Applicant**

**IMPORTANT:**

* Please send this completed form to Sally Crawford ([peds.admin@muhc.mcgill.ca](mailto:peds.admin@muhc.mcgill.ca)) by  **September 1st**
* Candidates must be eligible for, and apply to postgraduate training online through the Postgraduate Medical Education website: [http://www.mcgill.ca/pgme/admissions](http://www.mcgill.ca/pgme/admissions/apply).
* **Eligible candidates must contact the** [**Program Director**](https://mcgill.ca/peds/education-training/pgme/subspecialties) **to discuss his/her interest in the program before applying for the bursary award.**
* Please read the ***Clinical Bursary Award Applicant Instructions*** prior to completing this form
* Candidates must provide referees with the ***Reference Letter Instructions***
* **Form B –** To be completed by the Program Director

**NOTE: International trainees are not eligible to write Royal College of Physicians and Surgeons of Canada (RCPSC) exams. Please refer to** [**Clinical Bursary Award in Pediatrics – Applicant Instructions**](https://www.mcgill.ca/peds/education-training/pgme/funding) **for more information.**

## Applicant Personal Information

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| Name: |  | | | | |  | | | | | |  | |
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| Address: |  | | | | | | | | | | | |
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| Phone: |  | | | | Email: | | |  | | | | |
| Place of Birth: | | |  | | | | | | Citizenship: | |  | |
| Date of Birth: | |  | |  | | |  | | |
|  | | Month | | Day | | | Year | | |

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| Languages Spoken: |  |

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| I have contacted the Program Director to advise of my intention to apply to the program and Clinical Bursary award | Yes | No |

## 2. Program/Training Information

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| a) Residency/Postgraduate Training Program Applied to: | |  | | | |
| b) Program Director: |  | | | | |
| c) Expected duration of training (in accordance with program length for which it is accredited) | | | 1 Year | 2 Years |
| d) Are you proceeding, or planning to proceed to any additional degree? | | | Yes | No |
| If yes, please specify the degree, discipline, institution, and expected year of completion: | | | | |
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## 3. Education Background

*Please add rows to table below, as needed.*

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| --- | --- | --- |
| **Degree(s)** | **Institution(s)** | **Date Acquired** |
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## 4. Postgraduate Experience

*Please add rows to table below, as needed.*

**a) Clinical Experience**

List chronologically all postgraduate clinical experience to date (residency, +/- fellowship, clinical practice). Indicate the titles and dates of all appointments, and the institutions

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| --- | --- | --- |
| **Appointment Dates** | **Appointment Title** | **Institution** |
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| Please feel free to add details about clinical experience: |
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**b) Research experience**

List **chronologically** all research projects in which you were involved to date.

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| --- | --- | --- | --- |
| **Date**  (yyyy/mm/dd) | **Project Title** | **Applicant’s Contribution to the Project** (e.g. protocol development, data collection, manuscript writing etc…) | **Stage of the Project** (e.g. ongoing, completed, manuscript submitted for review, published etc…) |
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**c) Research Training**

List chronologically all research training that you have received to date, including courses offered by Department and Divisions, university courses, and postgraduate degrees

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| --- | --- | --- | --- |
| **Date**  (yyyy/mm/dd) | **Type of Training** (e.g. university course/workshop, Department/Division course or workshop, post-graduate degrees) | **Applicant’s Contribution to the Project** (e.g. protocol development, data collection, manuscript writing etc…) | **Stage of the Project** (e.g. ongoing, completed, manuscript submitted for review, published etc… |
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| Please feel free to add details about research training: |
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## 5. Publications

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| a) **Peer-reviewed papers** (with titles, references, and co-authors) |
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| b) **Non peer-reviewed papers** (with titles, references, and co-authors) |
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| c) **Abstracts** (with titles, references, and co-authors) |
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| d) **Oral presentations** (with titles, references, and co-authors and date/location/organization of presentation) |
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## 6. Busaries, Honours, and Awards

*Please add rows to table below, as needed.*

List all undergraduate and graduate bursaries, honours, and awards that you have held:

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| --- | --- | --- |
| **Bursary/Honour/Award** | **Institution** | **Date Awarded** *(Month/Year)* |
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## 7. Additional Information

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| Will you be seeking any other salary support? | Yes | No |

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| If yes, please provide more details: |
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## 8. Personal Statement

**Maximum 1 page** – refer to [Clinical Bursary Award in Pediatrics – Applicant Instructions](https://www.mcgill.ca/peds/education-training/pgme/funding) for more information

**Please attach the personal statement to the end of this application**

Include comments on 1) your clinical experience to date 2) the reasons you wish to apply for the Clinical Bursary award, 3) the reasons to choose McGill University as your training environment and 4) your post-training career objectives, including your goals for research, teaching and clinical work.

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| Applicant Signature: |  | Date: |  |