



the CTN  
CIHR Canadian  
HIV Trials Network

le Réseau  
Réseau canadien  
pour les essais VIH des IRSC

## Application Form for the CTN Postdoctoral Fellowship Programme

**Note:** This application must be completed in full. The completed application must be received by the CTN no later than January 31.

**Note:** You will need to have a current version of Adobe Acrobat Reader (free) or Adobe Writer or Adobe Professional to complete and submit this form. To update, please go to <http://www.adobe.com/products/reader/>.

### Applicant Checklist

This application contains:

- The application form, fully completed and signed
  
- A covering letter from the candidate (see page 3 of guidelines)
  
- A letter of undertaking from the proposed supervisor (see page 3 of the guidelines)
  
- Letters from at least two references
  
- Any other pertinent documents
  - MD license if applicable
  - trial protocol, if applicable

CIHR Canadian HIV Trials Network  
620B - 1081 Burrard Street  
Vancouver, BC V6Z 1Y6

Tel 604 806 8327  
Fax 604 806 8210  
[ctninfo@hivnet.ubc.ca](mailto:ctninfo@hivnet.ubc.ca)  
[www.hivnet.ubc.ca](http://www.hivnet.ubc.ca)

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## 1. Family Name, Given Name

Please type within the grey box.

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## 2. Date of Birth

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day		Month		Year	

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## 3. Citizenship Status

- Canadian
- Permanent Resident in Canada
- Foreign

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## 4. Mailing Address

Please include:

Telephone Number (Home,  
Work, Cellular)

Fax Number

E-mail Address

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**5. Location of Proposed Training**

Department

Faculty

University

Supervisor(s)

Telephone # of Supervisor

Complete Mailing Address  
of Training

A large, solid grey rectangular area that serves as a placeholder for the user to provide the requested information for section 5.

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**6. Degrees and Speciality Certifications**

Include those expected in  
the next twelve months

Type

Institution

Speciality

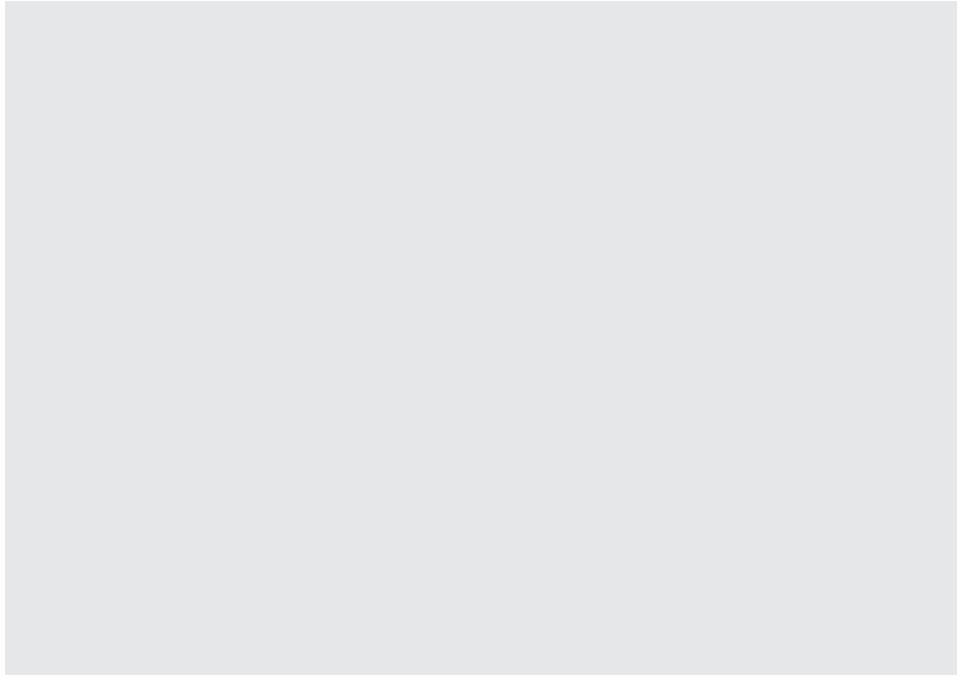
Date

A large, solid grey rectangular area that serves as a placeholder for the user to provide the requested information for section 6.

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## 7. Postgraduate Experience

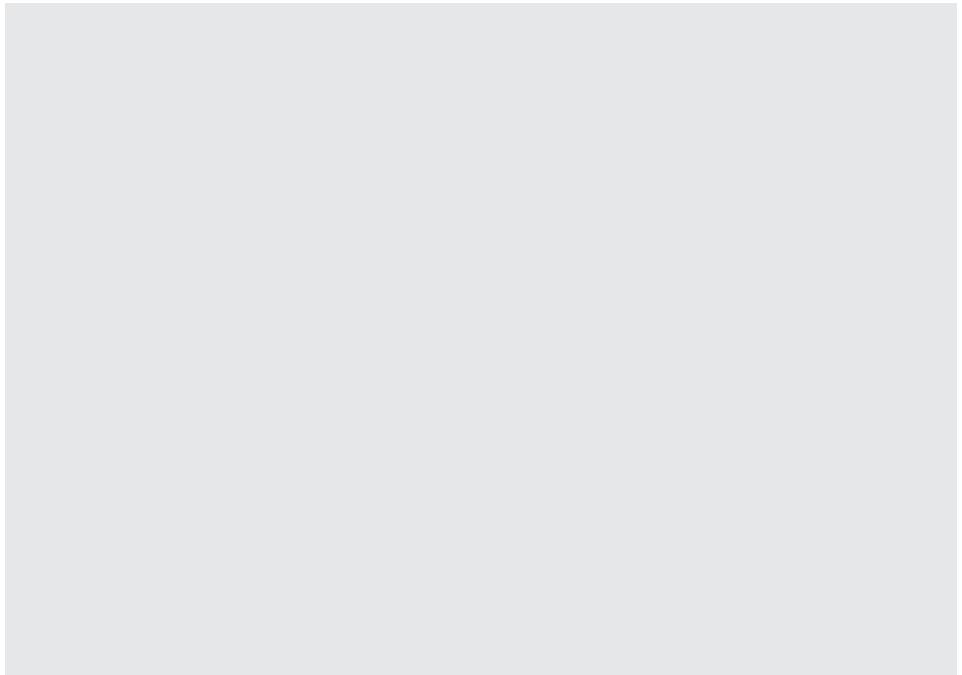
List chronologically all postgraduate experience to date, including clinical training and research. Indicate the titles and dates of all appointments held and the institutions concerned in the case of research experience (including MSc or PhD training) give also the name of your supervisor and the subject of your research.



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## 8. Honours and Awards

List the undergraduate and graduate awards that you have held, indicating type and dates.



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## 9. Publications

Attach a list of (a) the papers (b) the book chapters and (c) abstracts you have published and/or submitted, giving the titles, references, and co-authors (if any). Also, please indicate briefly the extent of your contribution. Note that copies of your publications (published or in press) are not required.

	Number of Papers	Number of Book Chapters	Number of Abstracts
Co-author			
First Author			
Sole Author			
Total			

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## 10. Fields of Proposed Research Training and Objectives

- a) Major (one only)
- b) Minor (maximum of two)
- c) Objectives

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**11. Are you proceeding or planning to proceed to any additional degree?**

If so specify degree,  
discipline, institution and  
year expected

Yes

No

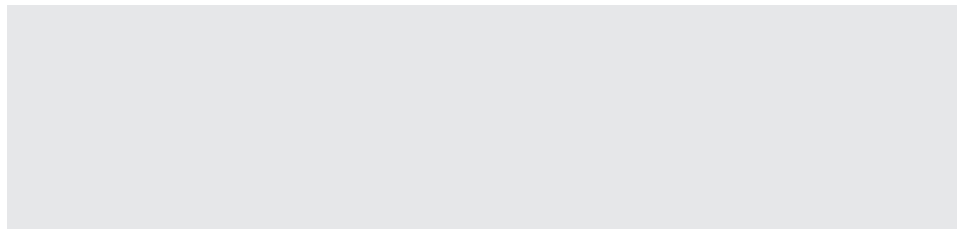
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**12. Sponsors**

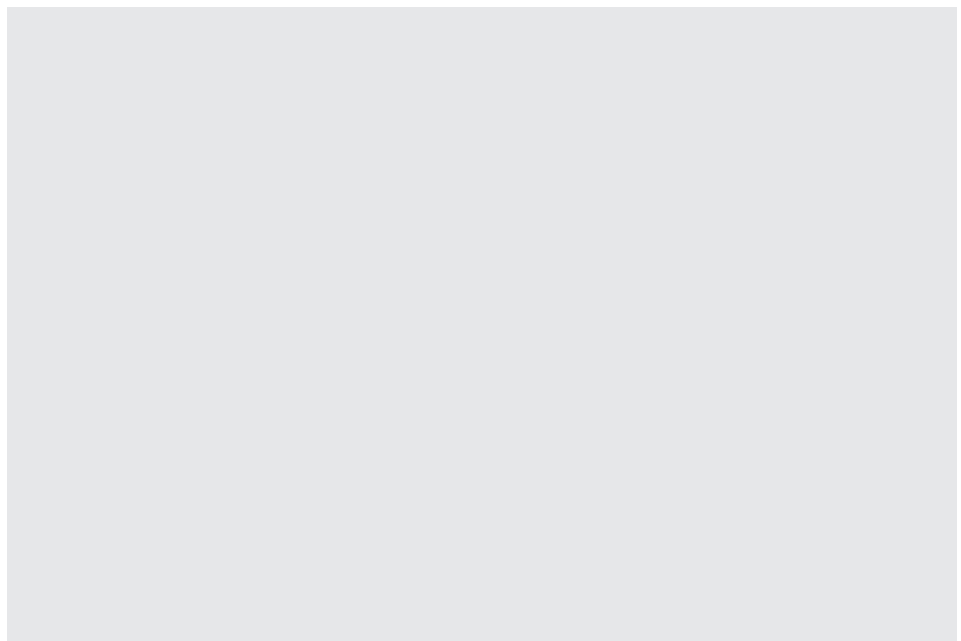
Give (list) the names of at  
least two individuals whose  
assessments accompany  
this application



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**13. Title and Summary of Research to be Conducted by the Candidate Under the Proposed Fellowship.**

Attach a separate sheet if  
necessary



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**14. Training Time Allocation**

Including bench work,  
clinical research,  
coursework and literature  
review.

Research Training \_\_\_\_\_ %

Instruction in clinical  
techniques, patient care  
and other responsibilities of  
clinical residency related  
coursework. Not to exceed  
20%.

Clinical Training \_\_\_\_\_ %

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**15. Undertaking of Applicant**

I understand and agree to  
fulfill the requirements of  
this fellowship as described  
in the guidelines.

Signature

Date

\_\_\_\_\_

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**16. Undertaking of Training Supervisor**

If an Fellowship is awarded,  
I will accept the Fellow for  
research training in my  
centre. Adequate resources  
will be available to cover the  
costs of the Fellow's  
research.

Signature

Date

\_\_\_\_\_

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**17. Undertaking of Sponsoring Institution**

\_\_\_\_\_ (Name of department and institution) is  
prepared to sponsor this proposed Fellowship and to appoint the Fellow to an appropriate  
position within the department.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Department Head