**APPLICATION to UBC CARDIOLOGY for RESEARCH OPPORTUNITIES**

*[Note: Appropriate completion of this form is a requirement but does not guarantee any response or commitment]*

**APPLICANT INFORMATION**

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| **Last name:** | | **Legal First Name:** |
| **Mailing address**  **Unit/Street:** | | **City:** |
| **Province/State:** | | **Postal Code/Zip:** |
| **Country:** | |  |
| **Email address** (an account you check regularly): | |  |
| **Phone number:** | |  |
| **State year of study, completed degrees, residencies, fellowships etc:**  *NB: Attach copies of certificates for each* | | |
| **Dates (To/From)** | **Description of Study / Training / Degrees** | |
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[hit enter to create new rows]

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| --- | --- |
| **Proposed Start Date [YYYY-MM-DD]:** |  |
| **Proposed End Date [YYYY-MM-DD]:** |  |
| **FUNDING: Required Yes/No:** |  |
| **If No, state source of funding:** |  |

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| **PROPOSED MENTOR/SUPERVISOR –** Identify 1-3 Members of UBC Division of Cardiology whose interests in research/clinical training align with yours\* | |
| ***\* Read biosketches of SPH Faculty and VGH Faculty which can be found at*** [***www.ubccardio.com***](http://www.ubccardio.com) | |
| **1.** |  |
| **2.** |  |
| **3.** |  |

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| **STATEMENT OF INTENT*: To assist with the process, describe why you are interested in pursuing this particular research or clinical opportunity, what you hope to gain from your participation and how this opportunity will contribute to your current or future educational and/or career goals.*** |
| [ this window will expand as you type] |

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| --- |
| **PROJECT OR TRAINING NEED*: If you have a specific research project or training need already identified, please provide a brief summary [300 words maximum]:*** |
| [ this window will expand as you type] |

**PLEASE ATTACH THE FOLLOWING:**

Please list and number accordingly ALL attachments:

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| **1. Copies certifying medical school enrollment, medical degree, completion of residencies or fellowships, current local medical licence.** |
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| **2. Current CV** |

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| **3. Up to 3 pdf’s of publications**: |
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| **4. SOURCE OF FUNDING FOR SELF-FUNDED APPLICANTS:** (Provide agency funding letter) |
|  |

**EMAIL COMPLETED DOCUMENTS TO:** [vishaldeep.sidhu@ubc.ca](mailto:vishaldeep.sidhu@ubc.ca) (UBC Cardiology Research Manager)

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**Date of submission: [YYYY-MM-DD]:**