



***GRADUATE AND POSTGRADUATE RESEARCH
TRAINING IN THE REPRODUCTIVE HEALTH SCIENCES***

SCHOLARSHIP & FELLOWSHIP AWARDS

***MSc & PhD Candidates
Post-PhD & Post-MD Fellows***

Application Form

**Competition
2005 – 2006**

I. GENERAL INFORMATION

1. Identification

Family name :

First name (s):

2. Present address (During the academic year)

No., street, apartment:

City:

Province/State:

Postal Code:

Country:

Telephone (with area code):

3. Permanent address (if different from above)

No., street, apartment:

City:

Province/State:

Postal Code:

Country:

Telephone (with area code):

4. E-mail address:

Fax (with area code):

II. RESEARCH PROGRAM FOR THIS APPLICATION

TO BE COMPLETED BY APPLICANTS

Diploma or degree sought:

Specialization:

Name of the institution:

Address:

City:

Province:

Postal Code:

Country:

Start date of program:

(Year / month)

Completion date of program:

(Year / month)

Research Supervisor

Is the Research Supervisor a STIRRHS Mentor? Yes No

Name:

Title:

Institution:

Department:

Telephone (with area code):

Fax (with area code):

E-mail:

Research Co-supervisor

Is the Research Co-supervisor a STIRRHS Mentor? Yes No

Name:

Title:

Institution:

Department:

Telephone (with area code):

Fax (with area code):

E-mail :

Areas of research (transdisciplinary aspects of the project)

| | Preeclampsia | Preterm birth | Use of obstetrical technologies | Reproductive technologies | At risk sexual behaviour | Other |
|-------------------|--------------|---------------|---------------------------------|---------------------------|--------------------------|-------|
| Clinical | | | | | | |
| Biomedical | | | | | | |
| Population Health | | | | | | |
| Health Policy | | | | | | |

**III. SCHOLARSHIPS & AWARDS PREVIOUSLY OBTAINED OR REQUESTED
THROUGH COMPETITION**

Indicate previous scholarships or awards obtained through competition.
(Please indicate scholarships applied for and for which you are waiting for a response).

| Institution | O=Obtained R=Requested | Amount | Beginning of the scholarship (Year/month) | End of the scholarship (Year/month) |
|--------------------|-----------------------------------|---------------|--|--|
| | | | | |

IV. PAST STUDIES

Please indicate all diplomas obtained, beginning with the most recent.

| Institution | Diploma | Discipline | Date of completion or anticipated completion (Year/month) |
|--------------------|----------------|-------------------|--|
| | | | Completion/ Anticipated completion |

V. PROFESSIONAL EXPERIENCE

Please begin with the most recent.

| Employer (Name, City, Phone #) | Position or clinical field | Employment status (Full time or part time) | Start date (Year/month) | End date (Year/month) |
|-----------------------------------|----------------------------------|---|----------------------------|--------------------------|
| 1 | | Full time Part time | | |
| 2 | | Full time Part time | | |
| 3 | | Full time Part time | | |
| 4 | | Full time Part time | | |

VI. PROFESSIONAL INTEREST

Please describe how the proposed training program will help to prepare you as an independent researcher in reproductive health with a transdisciplinary perspective. *No additional page may be added.*

VII. APTITUDE AND RESEARCH EXPERIENCE

Describe your involvement and past experience in research (ie: research assistant, studentships, or past research training sessions). *No additional page may be added.*

VIII. RESEARCH PROJECT

Please describe hereafter your proposed research project, providing its background, objectives, research questions and/or hypothesis, methodology and plan of analysis. The research project should cover at least 2 or more of the CIHR pillars (basic sciences, clinical research, population health, health services research) and reflect a reproductive health need of the community. Page limit: 1 page for MSc applicants and 2 pages for PhD, post - PhD and post - MD applicants.

RESEARCH PROJECT / continued

IX. RELEVANCE OF THE RESEARCH PROJECT

Describe how your research project will contribute to the development of knowledge in the reproductive health sciences. Specify the importance of transdisciplinarity in your project. Describe how your project will achieve the objective of the transdisciplinarity. *No additional page may be added.*

X. CHOICE OF RESEARCH ENVIRONMENT

TO BE COMPLETED BY THE APPLICANT

Describe how your choices of Research supervisor, Co-supervisor and research environment will provide you with an effective transdisciplinary research training program. *No additional page may be added.*

XI. COMMUNITY AND/ OR PROFESSIONAL INVOLVEMENT

| Community or professional association (Please avoid acronyms) | Duration of participation (Year/month) to (year/month) | Role in the agency |
|---|--|---------------------------|
| | | |

XII. SCIENTIFIC PUBLICATIONS & PRESENTATIONS

Please detail by type of publication, all scientific communications and documents submitted or accepted for publication. Specify names and surnames of authors, title, journal, date of publication, pages.

XIII. USE OF KNOWLEDGE IN PROFESSIONAL PRACTICE

Describe how you plan to “transfer” knowledge that will be gained through your training program or project, either at the professional, scientific or community level. *Half a page maximum.*

XIV. REFERENCES

Indicate the name, the position and contact information of two (2) persons (in addition to your Research Supervisor) to whom you have requested to act as referees.

1) Family name:

First name (s):

No., street, apartment:

City:

Province/State:

Postal Code:

Country:

Telephone (with area code):

E-mail:

2) Family name :

First name (s):

No., street, apartment:

City:

Province/State:

Postal Code:

Country:

Telephone (with area code):

E-mail:

XV. STATEMENT

I wish to apply for a scholarship in the following training program in reproductive health sciences:

MSc & PhD Scholarships
Postdoctoral Fellowships
Health Canada-STIRRHS Scholarships

I understand that I am responsible to provide all required documents.

I CONFIRM THAT ALL INFORMATION I HAVE GIVEN IN THIS DOCUMENT IS ACCURATE AND THAT I HAVE NOT OMMITTED ANY ESSENTIAL INFORMATION OR FACT.

Date

Signature

Strategic Training Initiative in Research in the Reproductive Health Sciences
Research Centre, Hôpital Sainte-Justine, 3175 Côte Ste-Catherine, Montreal, Qc. H3T 1C5
(514) 345-4931 ext.3633 (Phone) – (514) 345-2195 (fax) – Web: www.stirrhs.ca

Scholarship application 2005 – 2006

REQUIRED DOCUMENTS FOR ALL CATEGORIES

For your application to be considered, please make sure that all the following documents are included.

A completed application form

An official academic transcript of all University level studies. International students should attach a letter explaining the ranking system from their institution.

An attestation, from the Program Director in the Institution, confirming the student's admission to the program.

Letter of evaluation from the Research Supervisor and signed by the Department Chair and Dean of the Faculty. (Research Supervisor Form 1)

Research Supervisor and Co-supervisor Form.

Canadian Common CV of the Research Supervisor and Co-supervisor.

Two letters of evaluation (from a professor, a previous research director, or an employer).

FELLOWSHIP FOR CLINICIAN ALSO NEEDED

- A) Copy of health professional degree of the candidate
- B) Proof of professional licensure of the candidate
- C) Copy of permanent resident document if applicable
- D) Letter of support from the department (ensuring 75% of protected time for research)

Please forward your application to:

STIRRHS PROGRAM
Research Center, Hôpital Sainte-Justine
3175 Côte Ste-Catherine, room 4986B
Montreal, Quebec
H3T 1C5
Phone: (514) 345-4931 ext. 3633– Fax: (514) 345-2195