

1. PERSONAL DATA

Applicant Name:	
Complete mailing address:	
Telephone:	Email:

2. ACADEMIC BACKGROUND

2.1 Academic Status as of September 1, 2007

Degree	University	Country	Field	Status (check one)
				<input type="checkbox"/> Applied to <input type="checkbox"/> Accepted <input type="checkbox"/> Registered If registered, indicate start date (MM/YY)

2.2 Previous Academic Background (do not include the information provided above in section 2.1)

Degree	University	Country	Field	Dates (mm/yy) From/To

Note: Attach official copies of all available academic transcripts to date. If transcripts are in a language other than English or French, provide a certified translation in English or French.

3. HONOURS, AWARDS, DISTINCTIONS

Agency	Name or Description	Scope (National/Local/Institution)	Monetary value (if applicable)

4. PUBLICATIONS

On a separate sheet, labelled "Publications" attach a complete list of your (1) refereed publications and (2) non-refereed publications. Include conference and poster presentations. For co-authored publications, please describe your contribution.

5. RESEARCH, CLINICAL AND OTHER RELATED EXPERIENCE

(reverse chronological order; start with your earliest, end with your most recent)

Position held	Department/Institution	Dates (mm/yy) From/to	Research/Clinical or Other

6. PROJECT INFORMATION

6.1 Title of the research project (one line only)

6.2 Name of proposed supervisor(s)

6.3 Project summary (in lay terms)

In 15 lines or less, provide a non-technical summary of your research, written in simpler and clear language suitable for a lay audience.

7. DETAILED PROJECT DESCRIPTION (2 page maximum)

On a maximum of two separate pages, provide a detailed description of your proposal, including problem definition, theoretical foundations, specific hypothesis, methodology, and significance of research. If applicable, describe how your previous research or clinical training relates to the present proposal

8. APPLICANT’S STATEMENT (1 page maximum)

Using a separate page, provide a personal statement concerning the following areas:

- a) Research and/or clinical experience: abilities you have gained through your past research/clinical;
- b) Relevant activities: professional and extracurricular activities in which you are involved that demonstrate your communication, interpersonal and leadership skills;
- c) Research career: discuss your career goals and how the proposed program will contribute to your objectives;
- d) Special circumstances (if applicable): Describe any special considerations that may have had an effect of your performance or productivity (e.g. delays in research results, gaps in your experience or academic background).

9. REFEREE NOMINATION

Provide the names, titles, addresses, phone numbers, and email addresses of two individuals who you have asked to comment on your suitability for this award.

Name-Title	Department- Institution	Address	Telephone	Email

10. REFEREE APPRAISALS

Referees must use the *Abraham Fuks Fellowship: Referee Appraisal of applicant* form included with the application material. Reports must be sent directly to the applicant (in a sealed envelop), and submitted by the applicant as part of the complete application. All application material must be received by **DATE**

11. SIGNATURE

I certify that the information submitted on my application form was complete and correct at the time of submission. Further, I understand that misrepresentation of any information or failure to provide necessary documents may result in my ineligibility for funding.

I am aware of those provisions of the Québec Act Respecting Access to Information Held by Public Bodies and the Protection of Personal Information including the right to correct my record and agree to the release of nominative information as follows: Personal information is protected by legislation in the Province of Québec. The provisions of this statute are such that discussion of an applicant's file, or access to that file, is restricted to the applicant involved. Other persons or organizations can have access to information pertaining to an applicant's file only if the applicant has provided the Teaching and Training Office of the Douglas Hospital with written authorization which specifies both to whom information can be given and the type of information which can be released.

Signature:

Date: