

RTC TRAINEE REGISTRY FORM

All full-time graduate students and post-doctoral fellows conducting research at SickKids for one year or more are required to fill out the following RTC Registry form.

Personal information	Last Name		
	First Name		
	SickKids' Employee Badge Number		
	Sex	Female	Male

Contact information	Home Mailing Address		
	Telephone Numbers	Lab: _____ Home: _____	Office: _____ Cell: _____
	E-mail Address		

Citizenship information Citizenship/Immigration status
 If you are not Canadian, please check box and attach a copy of your immigration status information (e.g. work permit, visa).

SickKids' position Please select current SickKids' position:
Graduate Student (Please attach proof of enrollment in Graduate Program – documentation from University department).
Research Fellow (Please attach signed Letter of Offer/Memorandum of Understanding).

Please fill out previous and highlight current academic/training:

Degree/ Training Type	Start Date (yy/mm/dd)	Date Received or Expected (yy/mm/dd)	Institution (state country, if not in Canada)	University Department	Program of Study/Discipline
Bachelor's Degree					
Master's Degree					
MD or Equivalent					
PhD Degree					
Other Education					
Post PhD/ MD Training					
Post PhD/ MD Training					
Post PhD/ MD Training					

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Supervisor information

Last Name	
First Name	
SickKids Research Institute Appointment	Scientist Sr. Scientist Other: _____ Associate Scientist Sr. Associate Scientist
SickKids Research Institute Program	Cell Biology Child Health Evaluative Sciences Developmental & Stem Cell Biology Genetics & Genome Biology Molecular Structure & Function Neuroscience & Mental Health Physiology & Experimental Medicine
University Appointment <i>(specify University if not UofT)</i>	

Funding information

Current source(s) of funding *(please check all that apply)*:

Supervisor's Grant External Award *(please specify)*: _____

Restrcomp/CSTP University Award *(please specify)*: _____

Other *(please specify)*: _____

Curriculum Vitae

Please attach a copy of your current CV.

My signature below confirms that the information provided on this form is correct, and that I agree to become familiar with, and abide by, all policies of the Research Institute, available through the Policies & Procedures database and through the SickKids Intranet. I will inform the Research Training Centre (RTC) immediately should there be any changes to this information.

By signing this form, I consent to the collection, use and disclosure of my personal information by the RTC during the course of my involvement as a trainee for the purposes set out in The Hospital for Sick Children Research Institute Policies on Research Trainees (available through the SickKids Intranet site.)

Note: New trainees **MUST** attend the Hospital's Safety Seminars if they are working in a wet laboratory setting. Register for seminars online <http://riweb.sickkids.ca/>.

Trainee	Supervisor	Co-supervisor <i>(if applicable)</i>
Name:	Name:	Name:
Signature:	Signature:	Signature:
Date:	Date:	Date:

Please return form to the **RTC Office, Room 5277 Black Wing**
Ensure you have attached the following to your form:

- Current CV
- Graduate Students - proof of enrollment in Graduate Program – documentation from University department
- Research Fellows – copy of signed SickKids Job Letter of Offer/Memorandum of Understanding
- Non-Canadian Citizens - copy of your immigration status information (e.g. work permit, visa).