

**DIVISION OF PAEDIATRIC MEDICINE
DEPARTMENT OF PAEDIATRICS
THE HOSPITAL FOR SICK CHILDREN
UNIVERSITY OF TORONTO**

APPLICATION FOR POSTGRADUATE FELLOWSHIP TRAINING

SELECT POSITION APPLYING FOR:

Paediatric Hospital Medicine

Child Maltreatment Paediatrics

Academic General Paediatrics

Paediatric Palliative Care (PACT)

Community Paediatrics

TRAINING DATES REQUESTED:

from

to

day/month/year

day/month/year

Name:

Surname

First

Middle

Current Mailing Address:

Street Number

Street Name

City

Province/Country

Postal/Zip Code

Street Number

Street Name

City

Province/Country

Postal/Zip Code

Telephone Numbers:

Home: ()

Work: ()

Email address:

D) Specialty Certification:

Type	Date Received
Type	Date Received
Type	Date Received

REFERENCES:

For all fellowship streams, please ask three referees to send letters of reference. One of the letters must be from your current Program Director, to the attention of Dr. Sarah Schwartz. The letters can be emailed to **paedmed.fellowship@sickkids.ca**, please see contact information at the end of the application form. Please list the names, titles and positions of referees below.

- 1.
- 2.
- 3.

Please give name, address, telephone number and relationship of an individual to be contacted in case of emergency:

I certify that the information provided in this application is correct and complete, to the best of my knowledge.

Signature of Applicant

Date

Please enclose the following documents with the completed application form:

- 1) Current curriculum vitae**
- 2) Cover letter** (outlining goals/objectives for fellowship)
- 3) Photocopy of medical degree** (include translation if applicable)
- 4) Photocopy of your Paediatric Specialty Certificate** (include translation if applicable)
- 5) Proof of landed immigrant status** (if applicable)

Submit completed application package to:

Paediatric Medicine Education Coordinator
Rm 10203, 10th Floor, Black Wing Division of Paediatric Medicine
Division of Paediatric Medicine
The Hospital for Sick Children
555 University Avenue
Toronto, ON
M5G 1X8 Canada
Email: paedmed.fellowship@sickkids.ca