

**SickKids Centre for Global Child Health Global Surgery Fellowship Application –
2025/2026**

1. Applicant's Contact Information

First name: _____ Last name: _____

Email address: _____ Phone number: _____

Country of citizenship: _____

Mailing Address

Address: _____

City: _____ Province or State: _____

Postal or Zip Code: _____ Country: _____

2. Clinical and Medical Licensure Information

Select the fellowship track to which you are applying: Track 1 Track 2

Number of years in a surgical specialty residency program (or international equivalent) that
you will have completed by July 2026:

Will you have Board/Fellowship certification in a surgical specialty by July 2026?

Yes No

Are you currently licensed to practice medicine in the province of Ontario?

Yes No

If you are not currently licensed to practice medicine in the province of Ontario, where do
you hold your medical licence?

3. Fellowship Information

The information provided in this section, together with your CV and personal statement, will help the Fellowship Program Committee identify scholarly projects and mentorship opportunities that will shape each Fellow's experience in the program.

While candidates will have the opportunities gain exposure to each of the topic areas listed below, please select only one scholarly area of focus:

Research

Capacity Building

Briefly describe your scholarly interests in Global Surgery (150 words maximum).

Briefly describe the research or capacity building skills that you would aspire to develop or improve during a Fellowship in Global Surgery (150 words maximum).