**Global Child Health Fellowship Application Form - 2024**

**The Centre for Global Child Health – Hospital for Sick Children**

**1. Applicant’s Contact Information**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name: |  | Last Name: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Email Address: |  | Phone Number: |  |

|  |  |
| --- | --- |
| Mailing Address: |  |

**2. Area of Interest (select only one)**

While candidates will gain exposure to each of the topic areas listed below, we ask candidates to select only one focus area.

Research

Capacity Building Through Education

**3. Proposed Fellowship Mentor**

The C-GCH will match candidates with mentors whose expertise best aligns with their area of interest; however, if the candidate has identified a Principal Investigator and/or project that they would like to be affiliated with, please indicate their selections here. Please note that we cannot guarantee mentorship from Principal Investigators identified *a priori*.

|  |  |
| --- | --- |
| Mentor and/or Project 1: |  |

|  |  |
| --- | --- |
| Mentor and/or Project 2: |  |

**4. Clinical Fellows Only**

|  |  |
| --- | --- |
| Current Hospital Program (if applicable): |  |

|  |  |
| --- | --- |
| Name of Current Supervisor (if applicable): |  |

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

Yes

No

|  |  |
| --- | --- |
| If ‘No’, where do you hold your license? |  |

Clinical Supervisor during Fellowship (if known)

|  |  |
| --- | --- |
| Name: |  |
| Title: |  |
| Email Address: |  |

**5. All Applicants**

|  |  |
| --- | --- |
| Signature of applicant: |  |
| Date: |  |

**Please submit all documents to the Program Committee:**

cgch.fellowship@sickkids.ca