

APPLICATION FORM

SOGC Awards, Bursaries and Grants

Instructions:

1. Read the appropriate page (of this document) for the award, bursary or grant that you are applying for.
2. Chose one of the following and complete the appropriate sections of the form.
3. Return the duly completed form, along with any required documents, to the SOGC National Office prior to the specified deadline date of the chosen award, bursary or grant.

I am applying for the;

- | | |
|--------------------------------------------------------------------------------------|----------------------------------------|
| <input type="checkbox"/> SOGC International Development Grant for Volunteers..... | <i>Complete sections A-B-C-D and F</i> |
| <input type="checkbox"/> Bursary for Structured Learning Project..... | <i>Complete sections A-B-C-D and I</i> |
| <input type="checkbox"/> Bursary for Nurses and Midwives..... | <i>Complete sections A-B-C-D and G</i> |
| <input type="checkbox"/> Resident Elective Grant - International Women's Health..... | <i>Complete sections A-C-D-E and H</i> |
| <input type="checkbox"/> Resident Elective Grant..... | <i>Complete sections A-C-D-E and H</i> |

Section A

Family Name: _____ Given Name: _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Home Telephone: _____ Work Telephone: _____

Fax: _____ Email address: _____

SOGC member ID number: _____

Section B

University and year of graduation in medicine: _____

Specialty (list all): _____

Section C

Length of traineeship/elective: _____

Start of traineeship/elective: DD/MM/YYYY: _____

End of traineeship/elective: DD/MM/YYYY: _____

Location of traineeship/elective: _____

Section D

Following the completion of the traineeship, I agree to provide the Award Committee with a detailed report of my activities.

Signature: _____ Date: _____

Section E

University and year of residency: _____

Name of Program Director: _____

Section F

Documents required:

- A detailed description of the volunteer assignment
- A letter of support from the on-site physician and/or administrator
- Attestation of volunteer work by host
- A brief background on the setting
- A short biographical profile

Section G

Documents required:

- A detailed description of the traineeship sought (a description of the topic, subject or discipline of study, the learning objectives, the required training and its duration, and the resulting benefits to you and your community)
- A letter of support from the on-site physician providing the traineeship where the training is to be undertaken
- A one-page biographical profile

Section H

Documents required:

- A detailed description of the elective training, outlining how this is expected to benefit or has benefited the applicant in their education and future career
- A letter of support/reference from the resident's program director referencing the elective in question
- A letter from the on-site elective supervisor, confirming his/her availability and outlining the planned or past activities during the stay abroad
- A one-page biographical profile
- A detailed report (including summary of cost) if the elective has already taken place at time of grant application

Section I

Application must outline the details of the traineeship plan which will include:

- A description of the learning focus and how it relates to the applicant's current practice
- An explanation of how the project will meet the Royal College criteria under section 4 for a structured learning project
- An outline of the time-line of the traineeship that includes details of location, activities and mentor
- A budget outline of the project
- A formal application letter signed by both the mentee and mentor
- A written report provided by the mentee which complies with Royal College requirements