

■ T ■	of Health Hesearch	en sante du (Janada			Personal Identification Number (P.I.N.)
Health Rese	earch Communication	ons Award	ls			
Please use the tab	key to navigate through this for	orm.				
SECTION A						
Title: Dr.	Mr. Mrs.	Ms.				
Surname:		First Name:			Date of Birth (DD/MM/YYYY):
Citizenship:			Corresponder	nce preferred	in:	
Canadian [Permanent Resid	ent 🗌	English	Fre	nch 🗌	
Courier Address:			Telephone:			
			Fax :			
			E-mail:			
SECTION B			1			
Degree program fo	r which support is sought:			U	niversity or Colleç	ge:
Name of degree in	progress:	Le	ength of degree p	rogram: S	tart date (DD/MM	/YYYY):
SECTION C	Please provide your previ	ous educational	background belo	ow.		
Degree	Program	S	School	Start dat	e (MM/YYYY)	Completion date (MM/YYYY)





SECTION D

(To be completed only if applicable)

Reasons for selecting a foreign training environment

Describe the unique aspects of the training environment that are not currently available in Canada. No additional pages may be added.



SECTION E

Please compose a short text (maximum 2	250 Words)) nigniignung	the following:
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- Why it is important to communicate the findings of health research? Your intended career path for the next five years.

position:

Please provide the following information on the two referees who will se	and letters attesting to your communicating abilities, commitment
and interests.	

1.	Name:
	Address:
	Telephone:
	Relationship:

2.	Name:
	Address:
	Telephone:
	•
	Relationship:
	•



SECTION F

Please submit all of the following documents by: April 1

Please submit the following documents:

- 1. This application form
- 2. Your résumé
- Official college and/or university (undergraduate and graduate) transcripts 3.
- Two letters of reference 4.
- Two samples of your health science-based communications 5.
- Proof of acceptance into a journalism or communications degree program (if available at the time of 6. application)

Send applications by courier to:

CIHR Health Research Communications Awards

Canadian Institutes of Health Research Room 97, 160 Elgin Street Address locator: 4809A Ottawa, Ontario K1A 0W9

^{***}Please ensure that your **full name** and the name of the program you are applying for (**Health Research** Communications Awards)" appear prominently on each page and that all the documents mentioned above are included in the package you are sending to CIHR***

of Health Research en santé du Canada
ACKNOWLEDGEMENT: We will acknowledge receipt of your application
FOR OFFICIAL USE ONLY
CHECKLIST OF DOCUMENTS NEEDED FOR THE CIHR HEALTH RESEARCH COMMUNICATION AWARE

	FOR OFFICIAL USE ONLY	
CHECKLIST OF DOCUMENTS NEEDED FOR	R THE CIHR HEALTH RESEARCH COMMUNICATION AW	ARDS:
		Received
Pages 1-5 of the application form		
Applicant's résumé		
All official transcripts at the college and/or univ	versity level (undergraduate and graduate)	
Two letters of reference		
Two samples of applicant's health science-bas	sed communications	
·	nications degree program (if available at the time of applicati	on)
		,