**Provincial Seniors Health and Continuing Care**

**Summer Studentship 2023 Application Form**

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| **Applicant Information** | | | | | | | | | |
| First Name | | | | Initial | Last Name | | | | |
| Research Project Title | | | | | | | | | |
| Address | | | | | | E-mail | | | |
| City | Province | | Postal Code | | | Phone (Home) | | Phone (Cell) | |
| Institution (presently registered) | | | | | | Degree Program/Discipline | | | |
| Year of Study  (current) | Start Date dd/mm/year | | End Date dd/mm/year | | | GPA | | | |
| If you are graduating, where and in what program will you be enrolled in Fall 2023? | | | | | | | | | |
| **Supervisor Information** | | | | | | | | | |
| Name | | Email | | | | | Telephone | | Fax |
| Institution | | Program (Faculty/Department/Division; Faculty) | | | | | | | |
| Address | | City | | | | | Province | Postal Code | |

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| --- | --- | --- | --- |
| **Project Information** | | | |
| **The Project description included in this application was written by whom? Please indicate which most applies:**  🞏 Student led 🞏 Supervisor Led 🞏 Combination of Student and Supervisor  🞏 Other: | | | |
| **Briefly describe the research project. (750 words or fewer)** | | | |
| **Describe the project’s application to the PSHCC portfolio mandate. (200 words or fewer)** | | | |
| **Describe the student’s role in the research project. (200 words or fewer)** | | | |
| **Describe how this project complements the student’s long-term career plans? (200 words or fewer)** | | | |
| **Describe the training environment to be provided by the supervisor and host institution. (200 words or fewer)** | | | |
| **Application Checklist:**    🞏 Application Form  🞏 Applicant CV (4-page maximum)  🞏 Supervisor’s CV (4-page maximum)  🞏 Scanned Copies of Official Transcripts (all years of undergraduate completed)  🞏 Letter of Support from supervisor | | | |
| **Ethics** | | | |
| 🞏 REB approval obtained  Please list institution and certificate number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞏 REB submission pending  🞏 REB approval not required | | | |
| **Summer Studentship Timelines** | | | |
| Summer Studentship  Start Date of the  dd/mm/yyyy | Summer Studentship  End Date  dd/mm/yyyy | Requested Duration of Studentship Period  Months | Time dedicated to  Summer Studentship  Hours/week |
| **Proposed timelines of the Summer Research Project:** | | | |
| **Signatures** | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Student Applicant Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Supervisor Date | | | |
| Please carefully read all instructions and include all necessary documents.  Incomplete applications will not be reviewed.  It is the student’s responsibility to ensure that the materials have been successfully submitted. | | | |