**Comox Valley Patient-Oriented Research Dementia Care**

**Fellowship 2024-25 – Application Form**

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| **APPLICANT INFORMATION** | |
| First Name: | Last Name: |
| Current Citizenship: | If not a Canadian citizen, are you a permanent resident of Canada? Yes  No |

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| **STUDENT PROGRAM INFORMATION** | |
| Department/Faculty: | |
| Institution: | Master’s  PhD  Other |
| Start Date: | End Date (if known): |
| Area(s) of Research Interest: | |
| Title of research project/thesis (if known): | |

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| **SUPERVISOR’S INFORMATION** | |
| Name: | Email: |
| Department/Faculty: | Institution: |

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| **REQUIRED ATTACHMENTS** | |
|  | Fellowship application (including applicant statement, project plan, KT plan) |
|  | Supervisor letter of support |
|  | Applicant CV/resumé |

Please email completed application packages to [islandcentre@islandhealth.ca](mailto:islandcentre@islandhealth.ca) no later than 4pm (PST) on May 19th, 2024.