**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 no later than 4pm (PST) on May 19th, 2024.