**2020/2021 APPLICATION FOR**

**CANADIAN BLOOD SERVICES**

**TRANSFUSION MEDICINE PHYSICIAN TRAINEE FUNDING**

**Instructions on completing this form electronically and submitting the application:**

1. Beginning on page 2; enter the information requested by “tabbing” to the next highlighted field.
2. Click on “[ ] ” to [x]  select the box, indicating that the requested document is attached to the application.
3. Print the document after completion.
4. Have the document signed by the applicant and the programme director.
5. Forward the completed application and all attachments, letters of reference etc. to:

Julia Gilmore

Medical Services Programme Coordinator

Transfusion Medicine Physician Training Programme

Canadian Blood Services

67 College Street

Toronto, ON, M5G 2M1

416-313-4560 – phone

OR

Submit the application by scanning all documents and sending to:

julia.gilmore@blood.ca

1. For enquiries or additional information contact:

Julia Gilmore, Medical Services Programme Coordinator, Transfusion Medicine Training Programme at:

416-313-4560 - phone

julia.gilmore@blood.ca - e-mail

1. **Programme Directors must submit their candidate’s application by September 30, 2019.**
2. Decisions and notifications will be sent to the Directors by October 31, 2019. Directors will notify their candidates of the results of the competition.

**APPLICATION FOR CANADIAN BLOOD SERVICES**

**TRANSFUSION MEDICNE PHYSICIAN TRAINEE FUNDING**

|  |  |
| --- | --- |
| **Date of Application:** | Click here to enter a date. |
| **Applicant Information:** |  |  |
| **Name:** | Click here to enter text. |
| **University TM Programme:** | Click here to enter text. |
| **Programme Director:** | Click here to enter text. |
| [ ]  | **Letter of acceptance from Programme Director attached** |
| **Current Appointment:** | Click here to enter text. |
| [ ]  | **CV attached** |
| [ ]  | **Cover letter from the trainee with a statement of interest and outline of career plans**  |
| **Current Proof of Citizenship or Canadian Permanent Resident status: Include legible copy**  | Citizenship: Click here to enter text.Immigration Status: Click here to enter text. |
| **Medical License in: [province(s)]** | Click here to enter text. |
| **References:** [Minimum 3. At least one reference must be from the trainee’s current programme director/department head/supervisor.] |
| **1)** | Click here to enter text.Current Programme Director/Dept Head/Supervisor | [ ]  **reference letter attached** |
| **2)** | Click here to enter text. | [ ]  **reference letter attached** |
| **3)** | Click here to enter text. | [ ]  **reference letter attached** |
| **4)** | Click here to enter text. | [ ]  **reference letter attached** |

|  |
| --- |
| I, Click here to enter text., having been accepted into the above referenced university’s Transfusion Medicine Physician Training Programme would like to request funding for such programme as provided by Canadian Blood Services for a Choose an item.-year term; beginning on Click here to enter a date. [date]. |
| **Signature of Applicant: Date:** |
| **Signature of Programme Director: Date:** |