

2011/2012 de Souza Clinical Fellowship Financial Support Application Form

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|--|------------------------|-----------------------------------|
| First Name | Last Name | Date of Birth (DD/MM/YYYY) |
| Citizenship (only Canadian Citizen or Permanent Resident are eligible to apply) <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident | | |
| Social Insurance Number: | | |
| Home Address Street _____ City _____ Postal Code _____ Phone # _____ | Employer's Name | |
| Home Email | Work Email | |
| Mailing Address <input type="checkbox"/> same as home address <input type="checkbox"/> other address, please specify Street _____ City _____ Postal Code _____ | | |
| Specialty Certification (indicate all specialty certification obtained)" <input type="checkbox"/> CNA oncology specialty <input type="checkbox"/> CNA hospice palliative Care specialty <input type="checkbox"/> ONCC pediatric hematology specialty | | |
| Please indicate the focus of your clinical fellowship, please check the most appropriate box: <input type="checkbox"/> Clinical <input type="checkbox"/> Educational <input type="checkbox"/> Leadership <input type="checkbox"/> Research <input type="checkbox"/> Other _____ | | |
| Location of Clinical Fellowship: | | |
| Nursing Education Background (Indicate all degrees obtained): <input type="checkbox"/> RN (diploma) <input type="checkbox"/> RN (degree) <input type="checkbox"/> Master's degree or higher | | |
| College of Nurses of Ontario Registration Number: | | |
| I confirm that the information provided in the application is complete and accurate. The provision of false information may result in the termination of funding & disentanglement from eligibility for future funding. | | |
| Signature _____ Print Name _____ Date _____ | | |

Note: Nurses are expected to complete their clinical fellowship by December 2012.

Deadline for Application November 18, 2011