

**LUPUS ONTARIO** Phone (905) 415-1099

25 Valleywood Drive, Suite 21 Fax (905) 415-9874

Markham, Ontario L3R 5L9 [admin@lupusontario.org](mailto:admin@lupusontario.org)

**APPLICATION FOR GEOFF CARR LUPUS FELLOWSHIP**

**2020 / 2021**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Surname, Followed by given names | | | | | | Date of Birth *(year/mm/dd)* | | | | Nationality | |
|  | | | | | |  | | | |  | |
| Current address: | |  | | | | | | | | | |
|  | |  | | | | | | | | | |
| Telephone: |  | | | | | | Cell: |  | | | |
| Pager: |  | | | | | | Fax: |  | | | |
| Email: |  | | | | | | | | | | |
| Proposed date of commencement | | | | |  | | | |  | |  |
| (October 1, 2020 or later) | | | | | *Day* | | | | *Month* | | *Year* |
| Proposed supervisor: | | |  | | | | | | | | |
| Lupus Clinic where candidate has arranged to conduct their training | | | |  | | | | | | | |

Provide the names, institution, and the contact information of three references. Letters are to be forwarded directly to Lupus Ontario. Reference letters should provide an assessment of your past performance and future prospects.

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| --- | --- |
| Referee 1: |  |
| Address: |  |
| Referee 2: |  |
| Address: |  |
| Referee 3: |  |
| Address: |  |

Transcripts of undergraduate record attached?

Yes No If no, state reason:

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| List academic distinctions and awards, including Fellowships or Scholarships previously held |
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| List chronologically all postgraduate experience to date, indicating the titles and dates of all appointments held and the institutions concerned. In the case of research experience (including MSc or PhD training), also provide the name of your supervisor and the subject of your research. | | |
| Year | Experience, & titles | Research experience, supervisor, research subject (if applicable) |
|  |  |  |

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| --- | --- | --- |
| List papers published and include where papers were published and when. Give names of co-authors, if any | | |
| Year / where published | Title | Co-authors  (if applicable) |
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| --- | --- |
| Applicant Initials: |  |

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| Provide details or your proposed research and training program during the tenure of the Fellowship under three headings: clinical, education (patient or physician) and research. (2 -3 pages) |
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| --- | --- |
| Applicant Initials: |  |

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| --- | --- | --- |
| Are you proceeding or planning to proceed to any additional degree? If so, please specify degree, discipline, institution and year expected. | | |
| Degree | Discipline | Institution & year expected |
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| --- |
| Please include a brief statement as to your proposed future career. (1/2 page) |
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| In what specific fields do you propose to work during tenure of the Fellowship? |
|  |
| Briefly indicate the benefit and relevance of this training to your future career or training (1/2 page) |
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| --- | --- |
| Dated at: |  |
| Date: |
|  | Signature of Applicant |

**APPLICATION DEADLINE: Wednesday, December 18, 2019**

**Please send your complete original application package by registered mail or deliver in person to:**

**Lupus Ontario**

**25 Valleywood Drive, Suite 21**

**Markham, Ontario**

**L3R 5L9**

**Incomplete packages will not be accepted.**