

GEORGE MINES TRAVELLING FELLOWSHIP Application Form

Program Start Date:

July 1, 2025

Other date (please stipulate: _____)

Instructions:

Please review the [Submission Application Guidelines](#) prior to filling out this Application Form.

Assemble the original application along with the following attachments:

- Your Common CV
- Copy of Canadian permanent resident document, if applicable
- Proof of licensure to practice medicine in Canada
- Copies of up to 3 best publications
- 2-page max description of proposed research project. Describe the rationale, objective and experimental approach of your research project or proposed research plan (include general timelines). State its relevance to the cardiovascular field. PLEASE ATTACH AS SEPARATE PAGES.
- Commitment of Candidate and Training Expectations - *1-page max* - *Note that it must be documented that you must have dedicated time and effort to your cardiovascular research project(s). PLEASE ATTACH AS A SEPARATE PAGE.* Provide an overview describing:
 - outline your progress that you believe you've made towards establishing your cardiovascular research career to date;
 - how the training you expect to acquire will help you realize your long-term goals as an independent researcher and how it will contribute to your research achievement and productivity;
 - your career expectations at the completion of the training (please indicate where you hope to be located); and
 - how you will eventually combine research and clinical practice (if applicable).

All applications and attachments must be emailed to chrs@ccs.ca and must be received by March 15, 2025.

GEORGE MINES TRAVELLING FELLOWSHIP Application Form

PRIMARY IDENTIFICATION

Full legal name: _____

Correspondence language: _____

Date of birth (YYYY/MM/DD): _____

Country of Citizenship: _____

Status in Canada: Permanent Resident
 Student VISA
 Employment Authorization
 Canadian
 Other (please specify: _____)

CONTACT INFORMATION

Residential Mailing Address:	Academic Mailing Address:
_____	_____
_____	_____
_____	_____
Residential Email: _____	Academic Email: _____
Residential Phone: _____	Academic Phone: _____
Preferred Mailing Address: <input type="checkbox"/> Residential <input type="checkbox"/> Academic	
Preferred Email Address: <input type="checkbox"/> Residential <input type="checkbox"/> Academic	

LANGUAGE SKILLS

Language	Read	Write	Speak	Understand
English:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
French:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Learning how to do research well involves learning a specific set of skills. This is usually done best in a graduate program, although some young investigators acquire the skills in an apprenticeship. In this section please tell us about your plans for learning how to do research.

Applicants who do not already hold a PhD should ideally spend a minimum of two years engaged in full-time study in a research program leading to a Master or PhD degree. Your graduate program may be requested to forward your complete application for review.

What are your plans for enrolment into graduate studies? (please check one or more):

- Won't apply to graduate program(s)
- Have applied to graduate program(s)
(Specify Program): _____
- Have been accepted into graduate program
(Specify Program): _____
- Have already started graduate studies
(Specify Program): _____
- Entering postdoctoral program(s)
(Specify Program): _____

Anticipated start date and completion date of graduate or postdoctoral studies:

Start Date (YYYY/MM): _____ End Date (YYYY/MM): _____

Source(s) of Other Research or Studentship/Fellowship Funding if applicable (also include any that have been applied for):

Funding Program:

Start Date (YYYY/MM): _____ End Date (YYYY/MM): _____

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Funding Source:

- Research Funding Studentship/Fellowship Funding

Amount: _____

- Received
 Applied for (specify when you expect to hear results)

PROPOSED RESEARCH PROGRAM

- Graduate School Pathway Non-Graduate School Pathway

(Specify program):

(Specify program and department):

- Master
 PhD (specify program and department)

 PDF (specify faculty and department)

EDUCATION AND EXPERIENCE

A) Education: List your degrees and diplomas with the most recent or in progress

Institution and Country: _____
Degree: _____
Subject of degree: _____
Supervisor: _____
Start Date (YYYY/MM): _____
End Date (YYYY/MM): _____

B) Research experience: undergraduate and graduate research training experience

Institution: _____
Department: _____
Supervisor: _____

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Start Date (YYYY/MM): _____

End Date (YYYY/MM): _____

C) Qualifications, certificates and licenses completed

Title: _____

Organization: _____

Start Date (YYYY/MM): _____

End Date (YYYY/MM): _____

D) Academic and professional experience: Begin with your most recent

Position: _____

Institution: _____

Faculty/Department/School: _____

Start Date (YYYY/MM): _____

End Date (YYYY/MM): _____

CREDENTIALS

Title:	Description:

RECOGNITION

Title:	Institution:	Amount:

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HONOURS AND AWARDS

ACADEMIC INTERRUPTION (If there has been an interruption in your academic career please provide an explanation indicating the period and reasons for the interruption.)

PROFILE

Engaged in Clinical Research?	
Research Interests:	
Fields of Application:	
Disciplines Trained In:	
Areas of Research:	
Research Centres:	
Research Disciplines:	

AFFILIATIONS (The primary affiliation is denoted by (*))

Affiliation:	Start Date (YYYY/MM):	End Date (YYYY/MM):

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RESEARCH FUNDING HISTORY

Awarded – In point form please write title, project description, start & end date, funding sources, total funding, principal investigator, competitive funding?

CONTRIBUTIONS (Presentations)

Date:	Title, Location, Main Audience

PUBLICATIONS (Journal Articles)

Date:	Authors, title, publication, etc.

GEORGE MINES TRAVELLING FELLOWSHIP Application Form

REFERENCES

Reference 1: Your proposed supervisor

Name: _____
Email Address: _____

Reference 2: Head of Cardiology in your centre or your current cardiology/ arrhythmia administrative leader

Name: _____
Email Address: _____

Reference 3: An independent assessor of academic potential

Name: _____
Email Address: _____

Reference 4: An independent assessor of academic potential

Name: _____
Email Address: _____

By submitting this application, I verify that the information I have submitted on this form is true and accurate and that I have reviewed the Submission Application Guidelines and I understand the requirements and expectations regarding this Fellowship:

Printed name: _____
Signature: _____
Date: _____

Proposed supervisor (printed name): _____
Signature: _____
Date: _____