



## APPLICATION FORM: The Duchesnay International Elective Fellowships for Obstetrics and Gynaecology Resident

### CFWH Awards, Fellowships and Grants

Please return the duly completed form, along with required documents, to the CFWH National Office no later than February 15.

Email: [info@cfwh.org](mailto:info@cfwh.org)

#### Section A

SOGC member ID number (required): \_\_\_\_\_

Family Name: \_\_\_\_\_ Given Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email address: \_\_\_\_\_

University and year of graduation in medicine: \_\_\_\_\_

Specialty (list all): \_\_\_\_\_

Project Title: \_\_\_\_\_

#### Section B

Length of elective: \_\_\_\_\_

Start of elective: DD/MM/YYYY: \_\_\_\_\_

End of elective: DD/MM/YYYY: \_\_\_\_\_

Location of elective: \_\_\_\_\_

University and year of residency: \_\_\_\_\_

Name of Program Director: \_\_\_\_\_

**Please refer to the grant guidelines for complete application details. The following is a checklist to ensure you do not omit any important documents when you submit your application.**

**Documents required:**

- A cover letter
- A two-page description of the elective training, outlining how this is expected to benefit the applicant in their education and future career
- A letter of support/reference from the resident's program director referencing the elective in question
- A letter from the on-site elective supervisor, confirming his/her availability and outlining the planned activities during the stay abroad
- A one-page biographical profile or short curriculum vitae and a photo

**Section C**

**Please read the following statements and sign below.**

**I understand and confirm that:**

- I will be present at the CFWH's Gala and Awards Ceremony to accept my bursary, should my project be selected.
- The timeline for the project is under 2 years
- If my project runs over a 2 year timeline, I must apply again the following year if I require funding for the second year
- My project is not part of a larger project
- My project is directly related to the area of Obstetrics and Gynaecology
- My project is affiliated with a Canadian healthcare institution or organization
- I have indicated whether my project is receiving funding from additional sources
- Following the completion of the project/fellowship, I agree to provide the Award Committee with a detailed final report.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_