

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

285 Taunton Road East, Suite 4438 Fax (905) 415-9874

Oshawa, Ontario L1G 3V2 admin@lupusontario.org

**APPLICATION FOR GEOFF CARR LUPUS FELLOWSHIP**

**2024 / 2025**

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| --- | --- | --- |
| 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, 2024 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, The reference letters, as well as a letter from your supervisor 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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| Reference 1: |       |
| Address: |       |
| Reference 2: |       |
| Address: |       |
| Reference 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 and long-term practice goals and location. (1/2 page) |
|       |
| 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: Friday, December 22, 2023**

**Lupus Ontario now has a virtual office. Please send your complete original application package by email to:**

**June Alikhan**

**Email:** **jalikhan@lupusontario.org** **& June.alikhan@outlook.com**

**Incomplete packages will not be accepted.**