

**Application Form  
CAGPO Clinical Training Scholarships in Cancer Care and Control 2019-20**

Name:	
Address:	
City - Province	
Telephone and Fax No.	
Email Address:	

**Please attach the following information regarding your proposed program on a separate page:**

1. Describe your current medical practice.
2. Describe your proposed education program (including training site, schedule and duration of training)
3. Provide the name, address and telephone number of your traineeship supervisor, and his/her university and/or organizational affiliation.
4. Describe your specific learning objectives.
5. Describe the potential benefits of your participation in this program: a) regarding your professional development as a family physician/general practitioner; b) to the patients in your practice and/or community; and c) to other health care professionals within your community
6. Please indicate if you are seeking or have received other funds to support this project from other sources, and if so, what funding has been confirmed and/or received. If employed by a cancer agency or program, please indicate how the training proposed is not supported within the conditions of this employment.
7. Please provide any additional information you consider important to support your application. Please ensure that you include a letter from the traineeship supervisor and/or sponsoring agency or institution indicating that they have agreed to provide the training opportunity.

THE DEADLINE FOR SUBMISSIONS IS **Monday, July 15, 2019.**

Please submit completed applications to:

Andrew C. Knight, MD  
Co-chair, Scholarship Committee, CAGPO-ACMOO  
c/o Health Sciences North  
Northeast Ontario Cancer Centre  
41 Ramsey Lake Road,  
Sudbury, ON  
P3E 5J1  
E-mail: [aknight@hsnsudbury.ca](mailto:aknight@hsnsudbury.ca)