



International Child Health Grant Application – Part 1

Name:

Mailing Address:

Phone:

Email:

University Program:

Year of Training:

Program Director:

Place(s) of Proposed Elective:

Dates of Proposed Elective:

Elective Supervisor:

Please answer the following questions as separate questions. The total application should not exceed 3 single-spaced pages (12-point font).

1. Provide a brief overview of the elective (i.e. region, facility, work, specialty, etc)
2. Why have you selected this elective?
3. What are the three most important things you hope you will learn?
4. What child health problems might you encounter during your elective?
5. What community or country factors could impact health or health care of the children you will see?
6. What personal and professional challenges might you encounter during your elective and how could you manage them?
7. How might this elective impact your future practice as a pediatrician?
8. Have you had any previous experiences that have encouraged your interest in international health?
9. Upon return, how will you share your experiences with other Canadians?
10. List your specific objectives for this elective (maximum of five objectives)

Please send the following electronically. Please note these items are required as part of the package but will not be factored into the scoring:

- A brief confirmation of the elective from your local elective supervisor
- A brief letter from your program director indicating good standing in your residency program and support for your upcoming elective

International Child Health Grant Application – Part 2

Note: All applicants should have valid healthcare coverage, medical licensing, a valid visa (if required) and vaccinations/malaria prophylaxis as recommended by a travel clinic/tropical medicine specialist, prior to initiating any travel.

Have you organized the following?

1. Valid health care insurance?
 Yes No, please explain _____

2. Valid passport and visa for the country/countries you will visit?
 Yes No, please explain _____

3. All required and recommended vaccines for travel to your destination country (countries)?
 Yes No, please explain _____

4. Appropriate medical approval/licensing for practice as a trainee in the medical setting in which your elective is planned?
 Yes No, please explain _____

Please answer, no, yes, if yes please specify organization and amount granted/applied for:

5. Will your fellowship/residency training program provide any funding in addition to your resident salary for this elective?
 No
 Yes, please specify organization and amount granted/applied for _____

6. Have you applied for or been granted other funding to help support this elective?
 No
 Yes, please specify organization and amount granted/applied for _____

All trainees traveling overseas for electives should register with the local Canadian consulate and check local country security status prior to travel. This can be done online at: <https://www.voyage.gc.ca/>