



BRUCE GALLOWAY TRAINEE AWARDS APPLICATION FORM

TO APPLY FOR THE BRUCE GALLOWAY TRAINEE AWARD, PLEASE COMPLETE THIS FORM AND SUBMIT IT TO CNGULUWE@G-O-C.ORG.

FIRST NAME:	LAST NAME:	
MAILING ADDRESS: ST # AND NAME:		
CITY:	PROVINCE:	POSTAL CODE:
CURRENT UNIVERSITY:	RESIDENCY YEAR:	
NAME OF LOCAL PROGRAM DIRECTOR:		
NAME OF LOCAL GYNECOLOGIC ONCOLOGIST:		
ELECTIVE DATES:	RECEIVING UNIVERSITY:	
NAME OF RECEIVING PROGRAM DIRECTOR:		
NAME OF RECEIVING GYNECOLOGIC ONCOLOGIST:		

IN ORDER TO CONSIDER APPROVAL OF THE TRAINEE AWARD, GOC MUST RECEIVE THIS FORM DULY COMPLETED AND SIGNED ACCOMPANIED BY:

1. A ONE-PAGE LETTER FROM YOU DESCRIBING WHY YOU HAVE CHOSEN TO DO AN ELECTIVE IN GYNECOLOGIC ONCOLOGY
2. LETTER OF SUPPORT FROM THE LOCAL (HOMETOWN) GYNECOLOGIC ONCOLOGIST
3. LETTER OF SUPPORT FROM THE RECEIVING GYNECOLOGIC ONCOLOGIST
4. ACCEPTANCE LETTER FROM RECEIVING PROGRAM DIRECTOR

OTHER IMPORTANT INFORMATION:

- RESIDENT WILL MAKE HIS/HER OWN ARRANGEMENTS FOR ACCOMMODATIONS WITH HELP OF SPONSORING CENTRE THROUGH LOCAL UNIVERSITY
- ONCE THE APPLICATION IS APPROVED, GOC ISSUES A PAYMENT 4-6 WEEKS PRIOR TO THE START OF THE ELECTIVE
- IF YOUR AWARD IS APPROVED, WE WILL ASK YOU TO SUBMIT A REPORT OF YOUR ELECTIVE AND PICTURE(S) FOR PUBLISHING IN OUR SEMI-ANNUAL NEWSLETTER. WE WILL PROVIDE YOU WITH EXAMPLES OF WHAT HAS BEEN SUBMITTED IN THE PAST AS A REFERENCE.
- WE WILL CONSIDER REIMBURSEMENT OF ANY PROVINCIAL LICENSING FEES. ORIGINAL RECEIPTS WILL BE NEEDED.

SIGNED ON:

SIGNATURE: