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| **CAMO Community Oncology Bursary** | **2025 Application Form** |
| **Submission deadline**  Rotations taking place between January & June |Application deadline: July 31, 2024  Rotations taking place between July & December | Application deadline: December 2, 2024 | |

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| **Resident Information** | | | |
| First Name: | | Last Name: | |
| Mailing address: | | | |
| City: | Province: | | Postal Code: |
| Tel: | | Email: | |

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| **Resident Status** | | | |
| PGY4 | PGY5 | Institution: | |
| Supervisor name: | | | Supervisor email: |

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| **Community Rotation** | |
| Location of rotation: | |
| Start date: | End date: |
| What do you expect to gain with this opportunity: | |
| How will this influence your career: | |

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| **Document Checklist** | | |
| Letter of support for rotation & approval by supervisor | | |
| 1-page proposal | | |
| Resident CV | | |
| Are you a CAMO member | Yes | No |
| Is your supervisor a CAMO member | Yes | No |

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| **Disclaimer and Signature** | |
| I hereby understand and agree that any bursaries made as a result of this application will be subject to the CAMO terms and conditions. | |
| Signature of resident | Date |
| Signature of program director | Date |
| Signature of supervisor | Date |