Trainee Registration Form

Trainee’s information

|  |
| --- |
| Last name, First name: |
| Email address: | Phone number: |
| Social Media profile (twitter, linkedin, facebook, etc) (optional) :  |
| Institution: |
| Faculty/Department: |
| Academic program (Undergrad, Masters, PhD, PostDoc, Resident, Fellowship, etc): |
| Academic Discipline (medicine (adult, pediatrics), immunology, ethics, epidemeology, etc) : |
| Academic start date : |  Anticipated academic end date : |
| Brief academic project description (what project are you working on, what are you hoping to specialize in?):  |

Supervisor’s information

|  |
| --- |
| Last name, First name: |
| Email address: | Phone number: |
| Title/Position: |
| Institution: |
| Faculty/Department: |
| Social Media profile (twitter, linkedin, facebook, etc) (optional) :  |
| In which CHFA team/theme/project is the supervisor involved (see list below):  |

CHFA teams/themes/projects

Teams are: 1) Access, 2) Translational, 3) Indigenous, and 3) Pediatric

Themes are: 1) First Nations, Inuit and Metis, 2) Training and Capacity, 3) Patient engagement, 4) Data management, 5) Precision Health and AI, 6) Knowledge mobilization and 7) Diversity, equity and inclusion.

Projects are: 1) HOPE-HF and 2) RV/N2.