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| **CUMMING SCHOOL OF MEDICINE**  **Indigenous, Local & Global Health Office**  **PGME GLOBAL HEALTH ELECTIVE IN LOW OR MIDDLE INCOME COUNTRY TRAVEL BURSARY APPLICATION FORM** | |
| **APPLICANT:**  Surname First Name | |
| Address  UCID  Tel. No. |  |
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|  |
| E‐Mail |
| **CATEGORY OF APPLICANT:**  PGME program: PGY level: | |
| **SITE, SPECIALTY AND DATES OF PROPOSED ELECTIVE:** *(Information about proposed elective)* | |
| Hospital/Health Centre/Lab: | |
| Department: | |
| City: | |
| Country: | |
| Dates: | |
| **OVERSEAS PRECEPTOR’S CONTACT INFORMATION:**  Name | |
| Hospital or University Affiliation  Tel. No. |  |
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|  |
| E‐Mail |
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| **HOW DID YOU SET UP THIS ELECTIVE?**   * on my own   How did you find out about the elective opportunity?   * through a Canadian mentor (e.g. Organization, faculty member)   Who was your Canadian University mentor?   * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |



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| **ACCEPTANCE FROM OVERSEAS PRECEPTOR (LETTER OR E‐MAIL):**   * Attached  Forthcoming **(MANDATORY ‐ elective will NOT be approved until this is received)** | | | | |
| **PROJECT:**  Will you be doing a research project while on your elective?  Yes   * If yes, has ethical approval for the research project been received/applied for? Home institution and overseas institution? Y/N | | | * No |  |
| **OBJECTIVES OF THE ELECTIVE: (This is an important component**.)  On a separate page (maximum 2 pages):   1. Why have you decided to do a Global Health elective and why did you select this particular location? 2. Please describe the experience anticipated during your elective (where you will be working and what you will be doing). 3. Using the CANmeds model, what are your proposed educational goals/objectives for this elective? 4. If you will be doing a research project during this elective, please describe the project. | | | | |
| **To receive a travel bursary for this GH elective**  **I agree to:**   * Obtain letter of approval from UofC program director * Obtain letter of approval from host preceptor * Register with UofC Risk Management and Foreign Affairs Canada (submit proof of registration) * Attend travel clinic (submit proof of attendance) * Obtain WCB coverage through AHS Med/Education office * Obtain CMPA coverage (submit proof) * Obtain learner credentials to work in host country (submit proof of clarification from host preceptor) * Ensure you know what the COVID-19 entry requirements are for the country you are traveling to & your return to Canada (the onus is on you)   **Complete**   * Learning module on Personal Health and Travel Safety at the Global Health office * Attend pre departure simulation organized by International Partnerships Coordinator * Upon completion of elective * Attend post return debriefing at Global Health Office * Submit GH elective assignment * Submit Rotation Evaluation Form | | | | |
| **CONSENT**  Are you willing to be contacted by the communications coordinator of the Indigenous, Local, & Global Health Office (ILGHO) to be interviewed about your experience upon your return? This interview will be used to develop articles, blog posts and social media content for ILGHO to promote opportunities and programs we offer to students in the Cumming School of Medicine. | | |  Yes   * No |  |
| **Applicant's Signature:** |  | Date | | |
| **APPROVALS:**  **Program Director –** (attach a letter of approval from Program Director) |  |  | | |
| **Assistant Dean, Global Health & International Partnerships – Signature:** |  | Date | | |
| **Associate Dean, Post Graduate Medical Education – Signature:** |  | Date | | |

Revised: 2022‐04‐12 (Global Health\Genera\Bursary Forms\2022 Forms)