

APPLICATION FORM

Instructions/Checklist

The following is a checklist to help you ensure you have completed and submitted the required components of the application:

- Contact information and original signatures** (missing original signatures will disqualify the application from further consideration):
 - Supervisor.** The individual who will be the overall project lead
 - Lead of the Organization.** The Lead of the Organization is defined as the head of the organization with which the lead applicant is affiliated, such as CEO for hospital/health region or a faculty dean. This individual must be authorized to legally and contractually bind the organization.
- Curriculum Vitae of Supervisor**
CV should not exceed five pages and must include relevant patient safety accomplishments over the past five years. If the CVs exceed five pages, only the first five pages will be forwarded to the review panel.
- Original signed Letters of Support** (missing letters of support will disqualify the application from further consideration):
 - Financial Officer.** Letter(s) must be signed by each executive sponsor (i.e., CEO, Executive Director). Letters must specify the amount of the cash co-sponsorship and must match the figures in the budget section. Team members cannot act as the signatory for these letters.
 - Organizational Support.** The Lead of the Organization is defined as the head of the organization with which the lead applicant is affiliated, such as CEO for hospital/health region or a faculty dean. This individual must be authorized to legally and contractually bind the organization.
 - Ethics Approval Letter.** Letter confirming ethics approval, if applicable. If ethics approval has not been obtained prior to submission, please indicate the name of the proposed ethics review board and the proposal review date.
- Completion of Summary of Project Proposal section.**
- Completion of Budget table and Budget Justification section.**
- Completion of Relevance to Patient Safety section.**
- Applications must include the **original plus three paper copies** of the **complete application**. The copies must be single-sided and stapled once in the upper left corner. All required documentation must be attached to each copy of the application. CPSI will not duplicate any material on behalf of the applicant. Applications submitted by fax will not be

accepted.

- In addition, please submit an electronic version of the completed form in MS Word format (excluding attachments) to hlaeeque@cpsi-icsp.ca.

**Complete packages must be received at CPSI offices no later than
November 17, 2009 at 12:00 pm MT.**

Please courier completed applications to:

**2010-2011 Studentship Applications
Canadian Patient Safety Institute
Suite #1414, 10235 101 Street
Edmonton, AB T5J 3G1**

Should you have any questions or need for clarification, please email CPSI at hlaeeque@cpsi-icsp.ca. To ensure consistency of information provided, telephone responses to queries will not be accommodated.

Please do not alter the format of this or other forms in any way (i.e., remove the text boxes, delete text, or modify margins, page length, or font which is pre-set to Times New Roman 12-point font). Applications that do not use the format as presented will be disqualified.

Please complete *all* sections highlighted in “grey” unless specified.



2010-2011 PATIENT SAFETY STUDENTSHIPS

APPLICATION FORM

SUPERVISOR CONTACT INFORMATION

(Person who will supervise the work of the student)

TITLE (Dr/Ms/Mr)	LAST NAME (SUPERVISOR)	FIRST NAME (SUPERVISOR)		
POSITION		DEPARTMENT		ORGANIZATION
MAILING ADDRESS		CITY	PROVINCE	POSTAL CODE
EMAIL		PHONE (INCLUDING AREA CODE)	FAX (INCLUDING AREA CODE)	
LANGUAGE OF CORRESPONDENCE <input type="checkbox"/> English <input type="checkbox"/> French				
ACADEMIC/TRAINING BACKGROUND - Please attach a maximum five-page Curriculum Vitae outlining the relevant experience of the student supervisor with respect to patient safety, including challenges and achievements.				

STUDENT INFORMATION

(if known)

LAST NAME (STUDENT)	FIRST NAME (STUDENT)
PROGRAM ENROLLED	YEAR OF PROGRAM



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PROJECT

(General Information)

ESTIMATED DURATION OF PROJECT (NOTE: STUDENTSHIP IS FOR A PERIOD OF A FULL-TIME, FOUR MONTH STUDENT RESIDENCY OR EQUIVALENT)	
<p>ARE YOU RECEIVING FUNDING FOR THIS PROJECT FROM ANOTHER SOURCE?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, amount:</p> <p>Source:</p>	
TITLE OF STUDENTSHIP PROJECT:	
PROPOSED START DATE:	PROPOSED END DATE:

LETTERS OF SUPPORT

(Name of individuals who have been contacted and are forwarding letters of support to the Canadian Patient Safety Institute)

1. Financial Officer *(confirming matching funds):*

NAME	ORGANIZATION	CONTACT NUMBER	EMAIL

2. Organizational support *(lead of the organization):*

NAME	ORGANIZATION	CONTACT NUMBER	EMAIL



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Supervisor's signature is required below:

Print Name (*Supervisor*)

Signature

Date

Signature of the lead of the organization is required below:

Print Name (*CEO/Exec. Director*)

Signature

Date



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STUDENTSHIP PROJECT INFORMATION

SUMMARY OF PROJECT PROPOSAL

Summarize the patient safety project that will be undertaken by the candidate during his/her term as a student. The role of the student in the project should be clearly defined. No more **than 1500 words** should be included. **Do not** use any font smaller than 12-point type Times New Roman.

Background

Research Questions/Objectives

Methods

Role of the Student in the Project

Reference List

(2 pages maximum, which does not include the 1500 words for the Summary)



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RELEVANCE TO PATIENT SAFETY

Briefly describe the relevance of the proposed project to patient safety and the mandate of CPSI. Describe the reasons why CPSI should consider supporting this project, including the benefits of the proposed initiative for students, faculty, staff and patients in Canada. *Maximum 250 words.*

Describe how this project is a new project and not part of an ongoing research or other activity. *Maximum 250 words.*

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BUDGET

Please provide details of the budget

EXPENSES	CPSI	ORGANIZATION	TOTAL
Salaries			
Student salary / stipend			
Other salary <i>(please specify):</i>			
Study Operations <i>(CPSI funds cannot be used for operation costs)</i>			
Equipment			
Material and supplies			
Computing costs			
Travel			
Conferences			
Other travel costs <i>(please specify):</i>			
Other Expenditures			
Other <i>(please specify):</i>			
Other <i>(please specify):</i>			
BUDGET TOTAL			



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BUDGET JUSTIFICATION

Please explain how each budget item was derived and calculated.

Maximum one page.

PREVIOUS COMPETITION