

Trainee Application Form (2022) Sepsis Canada & LifTING Research Training Programs

Instructions

Before you start this application form, we recommend carefully reading the instructions on the program website (<https://www.sepsiscanada.ca/training-programs>) and preparing the four required documents in advance (i.e., Personal Statement, Anti-Oppression & Social Justice Statement, CV or Resume, and Letter of Support).

If you would like more information about completing this application, interactive webinars will be held to further explain the process (for details, see program website link above). You may also email your questions to the Program Manager, Dr. Andrew LoGiudice (andrew.logiudice@sri.utoronto.ca).

What is your full name (first and last)? _____

What email address is best for contacting you? _____

Select your desired program.

(You may join both programs simultaneously because many of the program requirements overlap. This increases the total time commitment from about 70–80 hours per year to about 90–100 hours per year).

- Sepsis Canada Interdisciplinary Research Training Program
 - Life-Threatening Illness National Group (LifTING) Health Research Training Program
 - Both programs
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If you selected the Sepsis Canada Interdisciplinary Research Training Program, what specialization stream are you most interested in?

- Patient & Family Partnership
- Biomedical Research
- Clinical, Population Health, and Health Services Research

Are you interested in other specialization streams if the primary option you selected above is not available?

- I am only interested in the primary option I selected above
 - Patient & Family Partnership
 - Biomedical Research
 - Clinical, Population Health, and Health Services Research
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If you selected the LifTING Health Research Training Program, what specialization stream are you most interested in?

- Investigator
- Collaborator
- Research Coordinator

Are you interested in other specialization streams if the primary option you selected above is not available?

- I am only interested in the primary option I selected above
 - Investigator
 - Collaborator
 - Research Coordinator
-

OPTIONAL: Potential Mentor Identified

If you have already identified a potential mentor (e.g., a co-worker, employer, or champion/lead) from this program, Sepsis Canada, or another organization, enter their name and main affiliation below.

If you have not yet identified a potential mentor, leave the field below blank. This will not affect your experience in the program. We will help all trainees find a mentor within the first year of training!

Mentor's name and main affiliation: _____

OPTIONAL: Self-identification

Both programs promote anti-oppressive practices, social justice, and principles of equity, diversity, and inclusion (EDI). The following self-identification data will be used, when applicable, to ensure we assemble a diverse cohort of trainees with appropriate qualifications from underrepresented groups, defined as women, people with disabilities, Indigenous peoples, visible minorities, persons of minority sexual orientations or gender identities, and people residing in rural communities. These data will be collected and retained in accordance with the Privacy Act and may be used for program operations, planning, evaluation, or audits. It will always be reported to the government or the public in aggregate form to ensure confidentiality. All of these questions are optional.

1. What is your date of birth? (DD/MM/YYYY)

If you prefer not to answer, please leave this field empty.

2. Select the option that best describes your current gender identity.

If you feel your gender identity is not accurately captured by any of these options, please enter it in the "Other" field at the bottom.

- Gender-fluid
- Man
- Nonbinary
- Trans man
- Trans woman
- Two-spirit
- Woman
- I prefer not to answer
- Other: _____

3. Select the sexual orientation that best describes how you currently think of yourself.

If you feel your sexual orientation is not accurately captured by any of these options, please enter it in the "Other" field at the bottom.

- Asexual
- Bisexual
- Gay
- Heterosexual
- Lesbian
- Pansexual
- Queer
- Two-Spirit
- I prefer not to answer
- Other: _____

4. Do you identify as Indigenous, that is, First Nation, Métis or Inuk (Inuit)?

If you identify with another Indigenous community or nation affiliation and are comfortable sharing this information, please enter it in the "Other" field at the bottom.

- I do not identify as Indigenous
- First Nation
- Inuit
- Métis
- I prefer not to answer
- Other: _____

5. The Employment Equity Act defines visible minorities as "persons, other than Aboriginal peoples, who are non-Caucasian in race or non-white in colour". Do you identify as a member of a visible minority in Canada?

- Yes
- No
- I prefer not to answer

6. Select the population group(s) you identify with.

If you feel these options do not accurately capture the population group you identify with, please enter it in the "Other" field at the bottom.

- Arab
- Black
- Chinese
- Filipino
- Japanese
- Korean
- Latin American
- South Asian (e.g., East Indian, Pakistani, Sri Lankan, etc.)
- Southeast Asian (including Vietnamese, Cambodian, Laotian, Thai, etc.)
- West Asian (e.g. Iranian, Afghan, etc.)
- White
- I prefer not to answer
- Other: _____

7. The Accessible Canada Act defines disability as “any impairment, including a physical, mental, intellectual, cognitive, learning, communication or sensory impairment—or a functional limitation—whether permanent, temporary or episodic in nature, or evident or not, that, in interaction with a barrier, hinders a person’s full and equal participation in society”. Select the type(s) of disability that applies to you, if any.

If you feel your disability is not accurately captured by any of these options, please enter it in the "Other" field at the bottom.

- I do not identify as having a disability
- Communications
- Developmental
- Dexterity
- Flexibility
- Hearing
- Learning
- Memory
- Mental-health related
- Mobility
- Pain-related
- Seeing
- I prefer not to answer
- Other: _____

8a. What language(s) did you first learn at home in childhood and still understand?

8b. What language(s) do you speak most often at home?

Do you have any comments or suggestions about this self-identification questionnaire?

Mail Documents

Please carefully read the instructions on the program website (<https://www.sepsiscanada.ca/training-programs>) to prepare the following four documents: (i) Personal Statement, (ii) Anti-Oppression & Social Justice Statement, (iii) CV or Resume, and (iv) Letter of Support. Append these documents to this completed application form and send to the following address:

Attn: Dr. Dominique Piquette, Sunnybrook Health Sciences Centre, 2075 Bayview Avenue, room D-108, Toronto, ON, M4N 3M5

You will receive confirmation of receipt via email once we have received your application. If you have any questions about the program or application process, please email the Program Manager, Dr. Andrew LoGiudice (andrew.logiudice@sri.utoronto.ca). Thank you, and best of luck!
