

Holland Bloorview

Kids Rehabilitation Hospital

SUMMER STUDENT SCHOLARSHIP PROGRAM

PREMISE

The SUMMER STUDENT SCHOLARSHIP PROGRAM at HOLLAND BLOORVIEW KIDS REHABILITATION HOSPITAL (otherwise referred to as The PROGRAM) is to provide medical students an opportunity to broaden their Paediatric knowledge, gain experience, and explore future career interests in Paediatric Rehabilitation and Development. During The PROGRAM there will be the expectation of overnight/weekend in-house call with Physician back-up. The first 2 weeks will be didactic teaching around general Paediatric rehabilitation and development. The rest of the time will be Ward or Clinic rotations.

ELIGIBILITY

The PROGRAM is open to all 2nd year medical students from any Ontario Medical School.

DURATION

The PROGRAM runs for 11 weeks during the summer months: from June 11 – August 24, 2012. There is 1 week of vacation. Vacation pay will be 4% of your bi-weekly pay plus any relevant statutory holiday pay.

SCHOLARSHIP AMOUNT

You will be paid on a bi-weekly basis and the total will be approximately \$3,500.

NUMBER OF POSITIONS

The PROGRAM is open to 4 candidates from an Ontario medical school.

CRITERIA FOR SELECTION

Candidates will be asked to complete an application form. Consideration will be given to:

- ★ relevance of the applicant's education, career goals and needs
- ★ other considerations, as appropriate

APPLY BY

Applicants to The PROGRAM are expected to apply by February 13, 2012 at 16:00. Late applications are not accepted. Interviews will be completed the 3rd and 4th weeks of February 2012. It is possible to make arrangements for the interview to be held via videoconference. Successful candidates will be notified March 12, 2012. Please submit the attached application form your curriculum vitae as well as a cover letter.

FURTHER INFORMATION

For general information on Holland Bloorview please see our website at www.hollandbloorview.ca and for further information regarding The PROGRAM, please contact:

Sharon Ouellette
Department of Medicine and Academic Affairs
HOLLAND BLOORVIEW KIDS REHABILITATION HOSPITAL
Tel: 416.753.6019 ~ Fax: 416.494.6621
email: souellette@hollandbloorview.ca

HOLLAND BLOORVIEW KIDS REHABILITATION HOSPITAL
150 KILGOUR ROAD, TORONTO, ON M4G 1R8

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Application for 2012 Summer Student Scholarship Program

(in compliance with The Ontario Human Rights Code, 1981
and Bloorview Kids Rehab Employment Equity Initiative II, 1992)

PERSONAL DATA

Last Name		Given Name(s)		Social Insurance Number
Street Address			Apt #	City
Postal Code	Home Telephone	Answering Machine	School Telephone	

To determine your qualifications for placement, please provide below and on the reverse, information related to your academic and other achievements, as well as employment history.

EDUCATION

I. ACADEMIC PERFORMANCE (Please indicate results)

First Year

Medicine: _____

Second Year

Medicine: _____

II. POST SECONDARY EDUCATION

UNIVERSITY/COLLEGE	DIPLOMA, CERTIFICATE, DEGREE	YEAR AWARDED
UNDERGRADUATE:		
POST-GRADUATE:		
PROFESSIONAL:		

EMPLOYMENT HISTORY

Name and Address of Present/Last Employer:			Job Title:	
Name of Supervisor	Telephone Number	Period of Employment		
		From:	To:	
May we contact employer? YES <input type="checkbox"/> NO <input type="checkbox"/>			Your Duties/Responsibilities:	
Name and Address of Present/Last Employer:			Job Title:	
Name of Supervisor	Telephone Number	Period of Employment		
		From:	To:	

May we contact employer? YES <input type="checkbox"/> NO <input type="checkbox"/>	Your Duties/Responsibilities:

Name and Address of Previous Employer:			Job Title:	
Name of Supervisor	Telephone Number	Period of Employment		
		From:	To:	
May we contact employer? YES <input type="checkbox"/> NO <input type="checkbox"/>		Your Duties/Responsibilities:		

Name and Address of Previous Employer:			Job Title:	
Name of Supervisor	Telephone Number	Period of Employment		
		From:	To:	
May we contact employer? YES <input type="checkbox"/> NO <input type="checkbox"/>		Your Duties/Responsibilities:		

ADDITIONAL INFORMATION

Describe any Volunteer work in which you are currently involved or in which you have been previously involved:

Describe any of your work related skills, experience or training that relates to the position being applied for:

Please return completed **FORM** ,your **RÉSUMÉ AND COVER LETTER** via email to:

souellette@hollandbloorview.ca
or fax
416.494.6621
Attention: Sharon Ouellette
Department of Medicine and Academic Affairs
HOLLAND BLOORVIEW KIDS REHABILITATION HOSPITAL
150 Kilgour Road, Toronto, ON M4G 1R8

If you have any questions contact Sharon Ouellette (between 0830 and 1530 hrs).

"I hereby declare that the foregoing information is true and complete to my knowledge. I understand that a false statement may disqualify me from employment, or cause my dismissal."

Signature _____

FOR OFFICE USE ONLY

Starting Date: _____ Starting Salary: \$ _____ /month (Summer)
 \$ _____ /month (School Year)