

BLOORVIEW KIDS REHAB

SUMMER STUDENT SCHOLARSHIP PROGRAM

SUMMARY

PREMISE

To provide medical students an opportunity to broaden their paediatric knowledge, gain experience and explore future career interests in Paediatric Rehabilitation.

ELIGIBILITY

The BLOORVIEW KIDS REHAB SUMMER STUDENT SCHOLARSHIP PROGRAM is open to all 2nd year medical students from any Ontario Medical School.

DURATION

The Program occupies 12 weeks during the summer months: from Monday, June 4th to Friday, August 24th. There are 2 weeks of paid vacation.

SCHOLARSHIP AMOUNT

Approximately \$3,500 is paid to each successful candidate.

NUMBER OF POSITIONS

The SUMMER STUDENT SCHOLARSHIP PROGRAM at BLOORVIEW KIDS REHAB (otherwise referred to as The Program) is open to 4 candidates.

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 no later than February 16, 2007. Late applications are not accepted. Interviews will be completed by late February/early March.

FURTHER INFORMATION

For further information regarding The Program, please contact:

Mrs. Merlene Chin
Administrative Assistant, Medical Services
BLOORVIEW KIDS REHAB
150 Kilgour Road, Toronto M4G 1R8
Tel. No.: (416) 424-3801 ~ FAX (416) 425-9332

**BLOORVIEW KIDS REHAB
150 KILGOUR ROAD, TORONTO M4G 1R8**

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Application for 2007 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:	Salary \$
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	Salary
		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	Salary
		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** and your **RÉSUMÉ** to:

Mrs. Merlene Chin
Administrative Assistant, Medical Services
BLOORVIEW KIDS REHAB, 150 Kilgour Road, Toronto M4G 1R8

Interviews will be held late February/early March.

If you have any questions you may contact Mrs. Merlene Chin at 416-424-3801 (between 0900 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)