

## INTRODUCTION TO BIOMEDICAL RESEARCH – 2018 SUMMER INTERNSHIP PROGRAM, SAINTE-JUSTINE UNIVERSITY HOSPITAL RESEARCH CENTER

### Registration form

Name		First name		Gender	Date of birth
No	Street	App.	City	Province	Postal Code
Phone number		Email			
Residency status in Canada		Language skills			
<input type="checkbox"/> Canadian citizen <input type="checkbox"/> Permanent resident <input type="checkbox"/> International student (study permit or work permit)		French: <input type="checkbox"/> Spoken <input type="checkbox"/> Written <input type="checkbox"/> Read		English: <input type="checkbox"/> Spoken <input type="checkbox"/> Written <input type="checkbox"/> Read	
Home University		Level		Curriculum	
Number of fully completed semesters (as of May 1 <sup>st</sup> 2018)		Cumulative grade average of current study program		Do you hold a scholarship from another organization for this internship?	
		_____ / _____			
How did you hear about the Biomedical Research initiation internship program?					
<input type="checkbox"/> Sainte-Justine Website		<input type="checkbox"/> Student Association		<input type="checkbox"/> Teacher	
<input type="checkbox"/> Advertising – UdeM Campus		<input type="checkbox"/> Family/Friend		<input type="checkbox"/> Researcher	
<input type="checkbox"/> Advertising – Other		<input type="checkbox"/> Bulletin Telex (Petit Telex)		<input type="checkbox"/> Other, please specify:	

### Choices of Internships

After consulting the internship program bank, please indicate in order of preferences, three choices of internship (indicate the number and the name of the researcher only). If you already have a training agreement with one of our researcher, please indicate the name of the researcher in the space provided

1 <sup>st</sup> Internship choice (#, Name of the researcher)	2 <sup>nd</sup> Internship choice (#, Name of the researcher)	3 <sup>rd</sup> Internship choice (#, Name of the researcher)
I already have a training agreement with a researcher at the CHU Sainte-Justine <span style="float: right;"> <input type="checkbox"/> Yes   <input type="checkbox"/> No         </span>		
If yes, specify the name of the researcher:		