**BC Mental Health and Substance Use Services Research**

**Summer Studentships 2025**

**Application Form**

Application deadline is March 14, 2025

Submit Completed Applications to [**BCMHSUS\_Research@phsa.ca**](mailto:BCMHSUS_Research@phsa.ca)

*Application must be typed (no smaller than size 11 font). Use only the space provided on this form.*

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| 1. **PERSONAL INFORMATION** | | |
| **First Name:**  Click here to enter text. | **Surname:**  Click here to enter text. | **Date of Birth:**  Click here to enter a date. |
| **Current Mailing Address:**  Click here to enter text. | | **Postal Code:**  Click here to enter text. |
| **Permanent B.C. Address:**  Click here to enter text. | | **Postal Code:**  Click here to enter text. |
| **Email Address:**  Click here to enter text. | | **Telephone:**  Click here to enter text. |

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| 1. **INSTITUTION CURRENTLY ATTENDING** | |
| **Undergraduate Students:** | |
| **What year of study are you in?**  Click here to enter text. | **What is your expected end date?**  Click here to enter a date. |
| Have you applied for or are you planning to apply for graduate studies in the next year? YES  page3image44864NO | |
| Have you applied for or are you planning to apply for medical studies? YES  NO | |
| If not, what are your future academic plans?  Click here to enter text. | |
| **Medical Students:** | |
| What year of study are you in? Click here to enter text. | |

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| 1. **OTHER DEGREES OR TRAINING ALREADY COMPLETED, IF ANY** |
| Click here to enter text. |

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| 1. **PRIMARY LOCATION OF STUDENTSHIP** | | | |
| page3image75760**Supervisor’ Name:**  Click here to enter text. | | **page3image77432Department:**  Click here to enter text. | |
| **Address:**  Click here to enter text. | | | **Postal Code:**  Click here to enter text. |
| page3image85328**Email address:**  Click here to enter text. | **Supervisor’s Telephone:**  Click here to enter text. | | |
| **TERM START DATE:**  Click here to enter a date. | **END DATE:**  Click here to enter a date. | | |

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| 1. **DESCRIPTION OF PROPOSED RESEARCH PROJECT** |
| Please describe the research project under the following headings, in language understandable to lay persons and scientists: **Use only the space provided on this form for these questions unless indicated otherwise.** |
| 1. page4image13600Supervisor's research area |
| Click here to enter text. |
| 1. page4image18792Title of research project |
| Click here to enter text. |
| 1. page4image24936Summary of the project in non-scientific language |
| Click here to enter text. |
| 1. Briefly explain the project’s direct relevance to improving the health of individuals, across the lifespan, at risk for, or experiencing mental health and/or substance use issues. |
| Click here to enter text. |
| 1. Scientific summary of research project including rationale, primary objectives and experimental plan feasible for the studentship term. **(One page limit: Times New Roman, font 11- insert as a separate page).**  **(To be completed jointly by the supervisor and the student)** |
| 1. What are the student’s specific responsibilities and research activities? |
| Click here to enter text. |
| 1. What is the student’s learning objectives? **(To be completed by the supervisor)** |
| Click here to enter text. |
| 1. What are the benefits to students? **(To be completed by the supervisor)** |
| Click here to enter text. |

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| 1. **WHAT ARE YOUR MOTIVATIONS FOR PURSUING THIS STUDENTSHIP? (To be completed by the student)** |
| Click here to enter text. |

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| 1. **WHAT ARE YOUR FUTURE PLANS IN MENTAL HEALTH AND/OR SUBSTANCE USE RESEARCH? (To be completed by the student)** |
| Click here to enter text. |

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| 1. **DESCRIBE THE RESOURCES AVAILABLE THROUGH THE RESEARCH SUPERVISOR’S LABORATORY (To be completed by the supervisor)** |
| Click here to enter text. |

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| 1. **ADDITIONAL RELEVANT MATERIAL (To be completed by the student)** |
| 1. List any prizes, scholarships or other honours you have been awarded |
| Click here to enter text. |
| 1. If you have a list of publications and/or presentations, **please insert as a separate page**. |
| 1. Previous research, elective or other experience, including previous studentships |
| Click here to enter text. |

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| 1. To avoid possible conflicts, please list other sources of funds for which you have applied for this period (i.e., UBC, NSERC) |
| Click here to enter text. |

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| 1. Any other information that you believe may be useful to the evaluation of this proposal. |
| Click here to enter text. |

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| 1. **THE FOLLOWING STATEMENT IS TO BE COMPLETED BY THE STUDENT** | |
| I understand that if my application is successful, and I accept this Studentship, I will not accept a scholarship, bursary, studentship, etc. from any other source for the period covered by this studentship, AND my name, contact information, and project details may be made available tostudentship sponsors for publicity and reporting purposes. I also understand that this support is for a full-time position and I will not seek other employment for the period covered by this award. | |
| **Signature of Student:** | **Date:**  Click here to enter a date. |

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| 1. **THE FOLLOWING STATEMENT IS TO BE COMPLETED BY THE SUPERVISOR** | | | | | | |
| I have discussed the above program with the applicant and I am prepared to accommodate the individual and to supervise his/her work if a studentship is awarded. | | | | | | |
| **First Name:**  Click here to enter text. | **Last** **Name:**  Click here to enter text. | | | **Title:**  Click here to enter text. | | |
| **Department:**  page8image15880Click here to enter text. | | | | | | |
| **Address:**  Click here to enter text. | | | | | | **Postal Code:**  Click here to enter text. |
| **Office Telephone:**  Click here to enter text. | | **Lab Telephone:**  Click here to enter text. | | | **Email:**  Click here to enter text. | |
| **Current Grant Support:**  Click here to enter text. | | | | | | |
| **University Appointment:**  Click here to enter text. | | | | | | |
| **Signature of Supervisor:** | | | **Date:**  Click here to enter a date. | | | |

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| **Application deadline is March 14, 2025**  **Submission Checklist** (Incomplete or late applications will not be considered):  Completed Application Form with Signatures  Scientific summary of research project including rationale, primary objectives and experimental plan feasible for the studentship term. ***(One page limit: Times New Roman, font 11- insert as a separate page)***  Student’s list of publications and/or presentations ***(optional)***  Student’s Resume or CV  Submit your completed application form in one PDF file (filename should include applicant’s last name) to [BCMHSUS\_Research@phsa.ca](mailto:BCMHSUS_Research@phsa.ca) |