

## Dr. Susan Bradley Scholarship in Child and Adolescent Psychiatry Application Form

Surname	Given Name(s)
Address	Phone
Toronto Address	Toronto Phone
(Place an "X" in the box to signify where you can be reached during March and April)	

University	Degree	Year in Program

Have you worked at Sick Kids before?	Yes		No	
If yes, which year?	Who was your Supervisor?			
Subject of work or research				

Have you worked at the Centre for Addiction and Mental Health before?	Yes		No	
If yes, which year?	Who was your Supervisor?			
Subject of work or research				

**Please describe any previous clinical exposure to child & adolescent psychiatry.**

**Please describe any other experiences that have contributed to your interest in this scholarship in child & adolescent psychiatry.**

**What are your career goals?**

Date

Signature (not required if submitted by email)

**Please note:**

You will only be contacted if you have been selected for our short list.

We thank you in advance for your interest in the Dr. Susan Bradley Scholarship Fund.