**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**

*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.
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| 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  |