**COMP Winter School 2022 Registration**

**Awards for Indigenous Trainees**

**Application Form**

 **Deadline: January 21, 2022**

INSTRUCTIONS

1. Write a maximum 1-page, double spaced essay on why you’re interested in attending this Winter School. We’re looking for a well-written essay that demonstrates a good understanding of the information presented at the Winter School and identifies your career development needs. Preference will be given to applicants who have attended fewer conferences and whose career development would benefit most by attending the conference.

2. Complete an application form, and send both the application form and essay either by:

 a) EMAIL info@comp-ocpm.ca

 b) MAIL COMP Office, 300 March Road, Suite 202, Kanata, ON, K2K 2E2 CANADA

**APPLICANT INFORMATION (all fields mandatory)**

First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/Town \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Province/Territory \_\_\_\_\_ Postal Code \_\_\_\_\_\_\_\_\_

Telephone \_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EDUCATION (all fields mandatory)**

Field of Study \_\_\_ Medical Physics \_\_\_ Radiation Oncology \_\_\_ Radiation Therapy

Current Degree \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Educational Institution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Since \_\_\_\_\_\_\_\_

Previous Degree \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Graduation Year \_\_\_\_\_\_

Number of professional conferences previously attended \_\_\_\_\_\_\_

**CONTACT (all fields mandatory)**

Academic Contact: instructor or professor who can confirm your field of study.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEMBERSHIP CARD (mandatory)**

Send a clear scan or photocopy of membership card.

Or send an official letter from a community member (excluding a family member).

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Applicant Signature Date