

**Global Oncology Fellowship – Application Form – 2026/2027**

**1. Contact Information**

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Country of citizenship: \_\_\_\_\_

**Mailing Address**

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province or State: \_\_\_\_\_

Postal or Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

**2. Area of Interest (select only one)**

While candidates will gain exposure to each of the topic areas listed below, we ask candidates to select only one focus area.

Research

Capacity Building

**3. Education Information**

A. Masters degree      Yes      No

Year completed (or expected): \_\_\_\_\_ Program: \_\_\_\_\_

Thesis title: \_\_\_\_\_

B. PhD      Yes      No

Year completed (or expected): \_\_\_\_\_ Program: \_\_\_\_\_

Thesis title: \_\_\_\_\_

C. Medicine      Yes      No

Year completed: \_\_\_\_\_ Licensed to practice in Ontario?      Yes      No

If not licensed for Ontario, where do you hold your license? \_\_\_\_\_

Residency training      Yes      No

Year completed residency: \_\_\_\_\_ Residency Program: \_\_\_\_\_

Sub-specialty training (complete or in progress)      Yes      No

If you have completed or are currently pursuing sub-specialty training, answer the following questions.

Program: \_\_\_\_\_ Year completed (or expected): \_\_\_\_\_

University/Hospital: \_\_\_\_\_

D. Nursing                      Yes      No

Year completed: \_\_\_\_\_ Licensed to practice in Ontario?      Yes      No

If not licensed for Ontario, where do you hold your license? \_\_\_\_\_

E. Allied Health              Yes      No

Year Completed: \_\_\_\_\_ Program: \_\_\_\_\_

Licensed to practice in Ontario?      Yes      No

If not licensed for Ontario, where do you hold your license? \_\_\_\_\_

#### **4. Proposed Fellowship Mentor**

The C-GCH/GFCC will match candidates with mentors whose expertise best aligns with their area of interest; however, if the candidate has identified a Principal Investigator and/or project that they would like to be affiliated with, please indicate their selections here. Please note that we cannot guarantee mentorship from Principal Investigators identified *a priori*.

Have you met with any Principal Investigators from C-GCH and/or GFCC to discuss potential research project ideas?

Yes      No

If yes, please list the names of all investigators with whom you've met to discuss potential fellowship project ideas (separate names with a semicolon).

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**5. Use of Artificial Intelligence (AI) Declaration**

We do not prohibit the use of AI tools (e.g., ChatGPT, CoPilot, etc.) in the preparation of fellowship applications. However, applicants must disclose if and how AI tools were used to prepare their applications.

Did you use AI tools to support the preparation of any aspect of your application to the fellowship program?

Yes      No

If yes, briefly describe which tools were used and how, and indicate what material within your application is AI-generated.