***Please include this completed form along with the Fellowship Application when submitting the application to*** [***fellowships.medicine@utoronto.ca***](mailto:fellowships.medicine@utoronto.ca)

|  |  |
| --- | --- |
| **Name of Proposed Fellowship:** |  |
| **Division:** |  |
| **Hospital Site:** |  |

**OBJECTIVES OF PROPOSED FELLOWSHIP**

1. **Educational Objectives**

**Medical Expert**

Click here to provide answer

**Communicator**

Click here to provide answer

**Collaborator**

Click here to provide answer

**Manager**

Click here to provide answer

**Health Advocate**

Click here to provide answer

**Scholar**

Click here to provide answer

**Professional**

Click here to provide answer

1. **Duration of the fellowship (start and end date) –** pre-determined for each fellowship and in alignment with those required of any concurrent Master’s or other graduate course.

Click here to provide answer

1. **Amount and type of clinical work,** *including on-call responsibilities if any* (this must be consistent with the educational goals of the fellowship)

Click here to provide answer

1. **Expectations regarding scholarships,** eg. Completion of the graduate degree program or scholarly project, % of time protected for these activities

Click here to provide answer

1. **Teaching expectations –** level of trainee and % of time

Click here to provide answer

1. **Source/ method** (eg. T4 income from hospital, practice plan) **and amount of payment**

Click here to provide answer

1. **Primary fellowship supervisor –** name and frequency of contact with fellow. Also include responsible Division Director (in general, fellowship supervisor should have no more than 2 fellows at any time) and plan for fellow mentorship

Click here to provide answer

1. **Frequency and method of evaluation**

Click here to provide answer

1. **Draft posting and proposed sites for posting of the fellowship opportunity**. Please note all DOM approved fellowships are posted on DOM website

Click here to provide answer

1. **Process of selection of candidate for the fellowship**

Click here to provide answer

1. **Plan for orientation of VISA sponsor and non-Toronto trained fellows to the University of Toronto**

Click here to provide answer

1. **Indication of support for the fellowship from relevant senior administration lead** (eg. Hospital PIC and Departmental Division Director

Click here to provide answer