**MARATHON OF HOPE CANCER CENTRES NETWORK HEALTH INFORMATICS & DATA SCIENCE AWARD CURRICULUM VITAE**

*(Use 11 pt font, single spacing, half-inch margins throughout)*

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| --- |
| **FULL NAME:**  |
| CURRENT PROGRAM (AND DATES):  |
| INSTITUTION:  |
| FULL ADDRESS:  |
| TELEPHONE:  | EMAIL:  |
| WEB-ADDRESS:  |  |

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| **CLINICAL AND ACADEMIC BACKGROUND** |
| *Degree*  | *MM/YY Completed* | *Discipline/Field/Specialty* | *Institution & Country* |
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| **PROFESSIONAL QUALIFICATIONS, CERTIFICATIONS, MEMBERSHIPS AND LICENSES** |
| *Date* | *Qualification, Certification, Membership or License and Authorizing Body* |
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| **WORK EXPERIENCE** |
| *Position, Organization* | *Department/Division* | *Start Date* | *End Date* |
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*[expand tables as required]*

1. **Personal Statement *(max one page)***

*Briefly describe why your experience and qualifications make you particularly well-suited for your role in the application. The MOHCCN is committed to equity, diversity and inclusivity and strives to promote inclusive excellence in its research programs. We welcome eligible applicants of diverse backgrounds to apply for our funding opportunities.*

1. **Selected Research and Clinical Contributions *(max 1 page)***

*In this section provide your most significant contributions to research and to healthcare (case studies, clinical trials, peer-reviewed articles, reports, books, intellectual property, products, services, trainees and other forms of research / clinical output).*

1. **Honours & Awards**

*List any honours and personal awards in chronological order.*

1. **Overview & Details of Scientific and Clinical Research Support**

*Provide an overview of your current areas of research focus including supports of your research / laboratory (max one page). Include a list of the current and pending research support (grants and contracts) from all sources. For each research support, clearly describe the main objective and provide a brief outline of the methodology and budget details including staff requirements. Explain any relationship, difference or overlap (scope or financial) between this application and all other research support (current or pending) held by the applicant. If applicable, explain any perceived duplication in funding or how this application complements research funded by other sources.*

***Current Research Support***

*Funding Source & Program Name:*

*Project Title:*

*Total Award:*

*Total Award to You:*

*Start Date:*

*End Date:*

*Main Objective:*

*Outline of Methodology:*

*Budget Details:*

*Personnel Details:*

*Relationship to the application:*

***Pending Research Support***

*Funding Source & Program Name:*

*Project Title:*

*Total Award:*

*Total Award to You:*

*Proposed Start Date:*

*End Date:*

*Main Objective:*

*Outline of Methodology:*

*Budget Request:*

*Personnel Request:*

*Relationship to the application:*

1. **List of Publications**

*Provide a full list of all your clinical/scientific abstracts and publications.*