**Crossing Borders   
Outgoing Researcher Program**

2017 APPLICATION FORM

**HOW TO APPLY**

Read the following information before starting your application:

**STEP 1: ARE YOU ELIGIBLE?**

Participants in CAPI’s Crossing Borders Outgoing Researcher Program need to meet basic eligibility requirements. Check our Eligibility Requirements before proceeding to Step 2.

**STEP 2: FILLING OUT THE APPLICATION FORM**

Complete the attached Application Form.

**STEP 3: COMPLETING THE APPLICATION PACKAGE**

Your complete application package must include **ALL** of the following elements. Please create one PDF document and save the required information in the following order:

1. A completed Application Form (typed)
2. An up-to-date resume (no more than 2 pages)
3. A copy of your University-level transcripts (an unofficial, scanned or photocopied copy is acceptable).

Once you have compiled ALL of the documents above, proceed to Step 4.

**STEP 4: SUBMITTING THE APPLICATION PACKAGE**

***Complete application packages MUST BE submitted by email to CAPI at*** [***rfila@uvic.ca***](mailto:rfila@uvic.ca) ***and*** [***interns@uvic.ca***](mailto:interns@uvic.ca) ***by   
March 3rd 2017 at 4 pm PST. Late and/or incomplete applications will not be accepted.***

**Important:** Applications should contain CAPI CB and your name in the subject line (i.e. “CAPI CB – FirstName LastName – Application”).

We thank everyone for their applications and their interest in our Crossing Borders Outgoing Researcher Program. Only candidates selected for an interview will be contacted. Shortlisted candidates will be contacted to schedule an in-person or Skype interview in March 2017.

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| **SECTION ONE – General Information** | | | | | | |
| **First Name** |  |  | **Last Name** | |  | |
| **Address** |  | | | | | |
| **City** |  |  | **Province** | |  | |
| **Postal Code** |  |  | **Country** | |  | |
| **Phone** |  |  | **Email** | |  | |
| **Date of Birth** |  |  |  | |  | |
| **Passport #** |  |  | **Passport Expiry Date** | | |  |
| **Are you a Canadian citizen or Permanent Resident?** | | | | Yes  No | | |
| **If you are not a Canadian citizen or permanent resident, have you submitted an application for permanent residency? When do you expect to receive it?** *Please note, only Canadian citizens and those with permanent residence will be considered for the program.* | | | | Yes  No | | |

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| **SECTION TWO – Educational Information** | | | | | | |
| **UVic Student V#** |  | |  | **Faculty or department** |  | |
| **Program** |  | |  | **Current year of study** |  | |
| **Are you currently a full-time student?** | | Yes  No |  |  | |  |

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| **SECTION THREE – Health and Safety** |
| Many of our placements are in challenging environments. The health and safety of our program participants is very important to us. Do you have any health and/or safety considerations we should be aware? This information is confidential and used so that we may properly ensure your safety and security while abroad.  *(Examples of information that you may want to touch on include medical conditions, prescription medications, physical fitness, allergies, dietary restrictions for vegetarians/vegans, religious considerations, intolerances, etc.)* |
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| **SECTION FOUR – Proposed Research or Fieldwork Project** |
| a. Provide a summary of your proposed research or fieldwork project. Please also identify your proposed partner organization in the country of research, their role, and the roles of any other individuals or organizations that will be involved. (500 words) |
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| b. Provide a project time. **Please note all ethics approvals must be secured before departure.** Funding will be provided only once the student has demonstrated they have received their approval. |
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| c. How does this project contribute to your mid to long-term goals and objectives? |
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| **SECTION FIVE – Statement of Intent** |
| Provide a description of why this program is of interest to you, how you will connect with community (both locally and in your host country) and why you think you are a good candidate for the program. |
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| **SECTION SIX – References** | | | | |
| **REFERENCE ONE: UVic Supervisor** | | | | |
| **Full Name** |  |  | **Title** |  |
| **Organization** |  | | | |
| **Phone** |  |  | **Email** |  |
| How long and in what capacity have you know this reference? | | | | |
|  | | | | |
| **REFERENCE TWO** | | | | |
| **Full Name** |  |  | **Title** |  |
| **Organization** |  | | | |
| **Phone** |  |  | **Email** |  |
| How long and in what capacity have you know this reference? | | | | |
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