**Faculty Development Mini Fellowship Application Template**

It is the responsibility of the principal applicant to complete all sections of this application and submit all documentation as one pdf file by 2359 hours on the specific deadline date. Separate documents will not be accepted. Submit any questions and the application to [cpd@schulich.uwo.ca](mailto:cpd@schulich.uwo.ca) with the subject line “Mini Fellowship Application’. Personal information provided in the application will be used solely for the purposes of adjudication and treated in accordance with Schulich School of Medicine & Dentistry, Continuing Professional Development Privacy Policy.

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| Application Date: | | |
| **Principal Applicant** | | |
| Name: | | |
| Department (and Division where applicable): | | |
| Rank (e.g. Professor, Asst. Professor, etc.): | | |
| Telephone: | Email: | |
| **Co-Applicants** (*If the project has multiple co-applicants, include information for all co-applicants by adding new rows below.* | | |
| Name: | | |
| Department (and Division where applicable): | | |
| Rank (e.g. Professor, Assistant. Professor, etc.): | | |
| Telephone: | Email: | |
| **Course/Program Description** | | |
| Course/Program Title: | | |
| Course/Program Dates: | | |
| Delivery Mode: in-person\_\_\_\_ virtual\_\_\_ blended\_\_\_\_ | | |
| **Required Application Components** | | |
| 1. Anticipated Benefits explanation to the applicant’s roles in their department/division, and  Schulich Medicine & Dentistry, Western University. Items to include are noted in the  “Criteria” section of the Faculty Development Mini Fellowship Guidelines. *(one page*  *maximum, Arial, size 11 font).* | | |
| 2. Course prospectus/program agenda/web link, or letter of acceptance for site visits, as  applicable. | | |
| 3. Alignment with [Schulich School of Medicine & Dentistry](http://www.schulich.uwo.ca/strategicplan/strategic_directions/index.html) strategic priorities. *(one page*  *maximum, Arial, size 11 font).* | | |
| 4. Rationale for including multiple faculty members in one application, if applicable. | | |
| 5. Budget | | CDN $ |
| 1. Registration fee | |  |
| 1. Travel costs | |  |
| 1. Accommodation & meals | |  |
| 1. Other required expenses | |  |
| 1. Anticipated total cost | |  |
| 1. Support from department/division or sponsoring unit | |  |
| 1. Mini Fellowship grant requested | |  |
| 6. Signed Letter of Sponsorship (on letterhead) from the head of the department/division or  sponsoring unit, specifying:  a. the importance of the project to the unit or School, AND  b. the amount of additional funding\* which will be provided by the department/ division  or sponsoring unit.  *\*Non-sponsored applications MUST include a clear indication and rationale to justify*  *the application in the absence of additional funds.* | | |
| 7. Curriculum Vitae highlighting information relevant to this application.  *(two page maximum, Arial, size 11 font).* | | |
| 8. Knowledge / Skill Dissemination Plan that explains a feasible methodology to disseminate  knowledge acquired, or skills gained, through participation in the Mini Fellowship to  Schulich School of Medicine & Dentistry faculty members. *(one page maximum, Arial, size 11*  *font).* | | |