

PERSONAL INFORMATION

Full Name: _____

Email Address: _____

Highest Educational Degree: _____

ACADEMIC AREA(S) OF INTEREST (CHECK ALL THAT APPLY)

- | | | |
|--|---|--|
| <input type="checkbox"/> Addictions | <input type="checkbox"/> General Psychiatry | <input type="checkbox"/> Person/Family Centred Care |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Geriatric Psychiatry | <input type="checkbox"/> Psychiatry and Medicine/CI |
| <input type="checkbox"/> Child Psychiatry | <input type="checkbox"/> Global Mental Health | <input type="checkbox"/> Psychiatry and Primary Care |
| <input type="checkbox"/> Clinical and Behavioural Sciences | <input type="checkbox"/> Mood Disorders | <input type="checkbox"/> Schizophrenia |
| <input type="checkbox"/> Emergency Psychiatry | <input type="checkbox"/> Neurosciences | <input type="checkbox"/> Trauma & Family Violence |
| <input type="checkbox"/> Forensics | <input type="checkbox"/> Offord Centre | <input type="checkbox"/> Women's Health |

RESEARCH INTERESTS

Please provide a 30 to 100 word summary of your research interests.

RESEARCH EXPERIENCE

Please provide a summary of your research experience, including classes taken.

What types of opportunities are you interested in? (check all that apply)

- Academic supervision (research electives, placements, thesis, graduate studies, fellowships, etc)
- Volunteer positions
- Paid positions

OTHER INFORMATION

Please provide any other relevant information/feedback

Please submit form to the Psychiatry Research Office – c/o Claudia Castellanos (castell@mcmaster.ca)

In addition, please attach a current version of your CV and any unofficial transcripts.

