**Stem Cell Network Trainee Communications Committee**

**Application Form**

**Application Deadline: Friday, February 24, 2023**

Complete all sections below and return to earnold@stemcellnetwork.ca by the deadline.

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| Applicant Information |
| Surname:  | Given Names:  |
| Position & Year of Study:*(i.e. MSc Student, PhD Student, Post-Doc, Research Associate, Technical staff)*:  | Institution name: |
| Phone number: | Email address: |

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| Your Supervisor Information  |
| Surname:  | Given Names:  |
| Phone Number: | Email address: |

1. Provide your CV and cover letter. In your cover letter please address the following:
* Why you want to join the SCN Trainee Communications Committee (TCC)
* Your duration and experience as a Stem Cell Network Trainee
* Your leadership skills and reliability as a leader
* What types of events/workshops/initiatives you would lead as a member of the TCC (see page 1 for examples of TCC-affiliated Workshops)
* Any other experience, skills, or lived experience that you would bring to the TCC and how this would benefit the committee.
1. Provide a letter of reference from your supervisor. Your supervisor’s letter should be emailed directly to eearnold@stemcellnetwork.ca by the application deadline.

**Demographic Question Section**

**Why SCN collects demographic/self-identification information:** SCN is committed to monitoring the equity of our training programs and cultivating a culture of inclusion in research. Self-identification information is used for SCN’s reporting purposes with the Government of Canada. All data reported to the Government of Canada is de-identified, aggregate data. The inclusion of pronouns is optional; however, it helps SCN staff in their communication and correspondence with individuals. [See SCN’s EDI Statement here](https://stemcellnetwork.ca/about-us/).

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| Select a gender identity option that applies: | My pronouns are: |
| [ ]  Man[ ]  Woman[ ]  Non-binary[ ]  Prefer not to disclose[ ]  Another identity not identified above:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  He/Him[ ]  She/Her[ ]  They/Them[ ]  Prefer not to disclose[ ]  Other pronouns not identified above:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Select (a) population group option(s) that apply/applies: |
| [ ]  Indigenous (First Nations, Métis, Inuk Inuit, other indigenous descent)[ ]  Black (African, Afro-Caribbean, African Canadian descent)[ ]  East Asian (Chinese, Korean, Japanese, Taiwanese descent, other East Asian descent)[ ]  Southeast Asian (Filipino, Vietnamese, Cambodian, Thai, Indonesian, other Southeast Asian descent)[ ]  South Asian (East Indian, Pakistani, Bangladesh, Sri Lankan, Indo-Caribbean, other South Asian descent)[ ]  Middle Eastern (Arab, Persian, Afghan, Egyptian, Iranian, Lebanese, Turkish, Kurdish, other West Asian descent)[ ]  White (European descent)[ ]  Latino/Latina (Hispanic)[ ]  Another group not identified above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Do not know[ ]  Prefer not to disclose |
| Do you identify as a person with a disability? *That is persons who have long-term physical, mental, intellectual or sensory impairments which may hinder their full and effective participation in the workplace or society on an equal basis with others.* |
| [ ]  Yes [ ]  No [ ]  Prefer not to disclose |
| Citizenship |
| [ ]  Canada (Including Permanent Residency) [ ]  International: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |