Faculté de médecine
Université de Montréal

Centre d'innovation biomédicale

Application Form for a Postdoctoral Fellowship at the Centre d'innovation biomédicale

Section 1: Personal Information

- **First Name :**
- **Last Name :**
- **Preferred Name :**

Section 2: Contact Information

- **Primary Email Address :**
- **Secondary Email address (optional):**
- **Phone Number :**
- **Current Mailing Address :**
    - **Street Address :**
    - **City :**
    - **Province :**
    - **Postal Code :**
    - **Country :**

Section 3 : Education History

- **Highest Degree Earned :**
- **Year of Graduation :**
- **Institution:**
- **Field of Study :**

Section 4 : Current Position (if applicable)

- **Current Employer/Institution** :
- **Job Title :**
- **Date of Employment :** **Start:** **End:**

Section 5: References

- **Instructions :** Provide the contact information for a minimum of 2 (two) references
    - **Reference 1 Name :**
    - **Reference 1 Email :**
    - **Reference 1 Affiliation/Institution :**
    - **Reference 1 Phone Number :**
    - **Link with reference 1 :**
    - **Reference 2 Name :**
    - **Reference 2 Email :**
    - **Reference 2 Affiliation/Institution :**
    - **Reference 2 Phone Number:**
    - **Link with reference 2 :**
    - **Reference 3 Name :**
    - **Reference 3 Email :**
    - **Reference 3 Affiliation/Institution :**
    - **Reference 3 Phone Number :**
    - **Link with reference 3 :**

Section 6 : Other Information

- **Website/Online Portfolio (Optional)**

- **Anything else you would like us to know? (Optional)**

Section 7 : Statement on Equity, Diversity, and Inclusion

- **Gender** -
- **Nationality**
- **Ethnicity/Race:** ✶

White	☐
Indigenous	☐
Member of a visible minority	☐
Member of an ethnic minority	☐
Prefer not to answer	☐

✶
- **Indigenous peoples**, meaning the First Nations, Inuit, and Métis peoples of Canada;
- **Visible minorities,** meaning people who are not Indigenous and who are not White
- **Ethnic minorities,** meaning people who are not Indigenous and not part of a visible minority, whose first language is neither French nor English

- **Disability Status** **Yes** ☐ **No** ☐ **Prefer not to answer** ☐

Section 8: Attestation

I certify that the information provided is complete and true. I understand that any false statement may result in the rejection of my application.

Date:

Section 9: Use of Personal Information and Consent to its Disclosure

The University recognizes the importance of respecting privacy and protecting the personal information it holds.

As a higher education institution, we collect, use, and disclose personal information for the purposes of our educational mission. The University strictly complies with applicable standards and laws regarding the protection of personal information.

In this spirit, the University has adopted a Privacy Policy concerning personal information collected by technological means (the 'Policy').

https://vie-privee.umontreal.ca/confidentialite/

We invite you to review the terms of the policy by consulting the link above (in French)

The data collected is kept for statistical purposes only and is not part of the evaluation criteria. It will be stored in a secure file with restricted access.