



TIRISANO

Chronic Stress, Mental Health, Substance Abuse and Trauma Training Programme 2015-2016

Personal Information

First Name:

Last Name:

Current Position:

(e.g. post graduate student, postdoc fellow, research assistant/officer, clinician, clinical research, associate professor)

University/Organization

Address:

City:

Province:

Code:

Telephone:

Extension:

Mobile Phone:

Zip Code:

Email:

Gender: Male

Female

Race/Ethnicity:

Professional Information

1. Education

University/College/School:

Major/Area of Study:

Degree/Diploma:

Year:

University/College/School:

Major/Area of Study:

Degree/Diploma:

Year:

University/College/School:

Major/Area of Study:

Degree/Diploma:

Year:

2. Employment

Employer:

Position:

Period:

Key Responsibilities:

Employer:

Position:

Period:

Key Responsibilities:

Employer:

Position:

Period:

Key Responsibilities:

Employer:

Position:

Period:

Key Responsibilities:

Employer:

Position:

Period:

Key Responsibilities:

Briefly summarize any work you currently do/plan to do in the area of chronic mental disorders, chronic stress, trauma and substance abuse in your work setting?

If you are currently working in an academic setting, are you:

tenured?	Yes	No
on soft funds?	Yes	No
in a research/research officer post?	Yes	No
in a postdoctoral program?	Yes	No
in an academic position?	Yes	No
jointly appointed to DOH and University?	Yes	No
other	Yes	No
(please specify)		

3. Research Experience

Do you have any research experience? Yes No *(proceed to number 4 if no)*

3.1 Please list recent research projects in which you have participated

Year: Amount: Funding Source:

Your Role:

Project Name:

Year: Amount: Funding Source:

Your Role:

Project Name:

Year: Amount: Funding Source:

Your Role:

Project Name:

Year: Amount: Funding Source:

Your Role:

Project Name:

Year:

Amount:

Funding Source:

Your Role:

Project Name:

3.2 Have you ever submitted a grant application? (e.g., to NIDA, DFID, MRC, NRF)?

No

(If no, proceed to 3.3)

Yes

Please list applications below

*Agency/Organization (e.g.
NIDA, MRC):*

Funding Mechanism:

Date Submitted:

Funded (Y/N):

Grant Number if funded:

*Agency/Organization (e.g.
NIDA, MRC):*

Funding Mechanism:

Date Submitted:

Funded (Y/N):

Grant Number if funded:

*Agency/Organization (e.g.
NIDA, MRC):*

Funding Mechanism:

Date Submitted:

Funded (Y/N):

Grant Number if funded:

*Agency/Organization (e.g.
NIDA, MRC):*

Funding Mechanism:

Date Submitted:

Funded (Y/N):

Grant Number if funded:

**3.3 Briefly summarize the
research you have conducted or
participated in to date**

**3.4 Please list your publications,
if applicable**

3.5 Briefly summarize the research training and experience you may have gained during your research, in the area of chronic mental disorders, chronic stress, trauma, and substance abuse.

4. Personal statement: Please draft an account of no more than 250 words of any past and current barriers you may have experienced or are experiencing in achieving your education and career goals?

5. Training programme

5.1 For which training programme do you wish to be considered?

Training workshops in mental disorders, chronic stress, trauma and substance use

Training workshops and 3 month internship at UCLA for masters students

Training workshops and 3 month internship at UCLA for doctoral students

Training workshops and 3 month internships at UCLA for early career professionals

5.2. Please provide no more than a one page narrative below of how you see the workshop based training and/or internship might enhance your capabilities within the clinical and/or research work you have detailed above?

5.2.1 Does the work referred to in 5.2 relate to current/or proposed masters/doctoral work?

Yes

No

5.3 How do you plan to be able to commit to the time required for participating in the training/internship?

<i>Obtained organizational approval for time to participate in the programme?</i>	Yes	No
<i>Sabbatical leave application for internship and research time for programme?</i>	Yes	No
<i>Leave of absence from work?</i>	Yes	No
<i>Full time student?</i>	Yes	No
<i>Do not have a job?</i>	Yes	No
<i>Other</i>	Yes	No

(please specify)

5.4 Please note any constraints you think might impact on your ability to fully participate in the training for which you are applying.

6. Please list three references.

Name:

Affiliation:

Email and contact info:

Name:

Affiliation:

Email and contact info:

Name:

Affiliation:

Email and contact info:

Please submit this application to Ms. Louise Datu via email (ldatu@mednet.ucla.edu) by the application deadline. Late applications will not be considered. Your application should be accompanied by:

- 1) Your CV*
- 2) A letter of support for your application from your employer/university, whichever is relevant*
- 3) If you responded yes to 5.2.1, a 500 word summary, of your research proposal. Your summary should be prepared as a MS Word document and include the following information: Relevance to public health; aims of the research, including a clear statement of research questions and/or Hypotheses; Research Design and Methods (sample population, research design (e.g., Cross-sectional; Longitudinal; Survey; Ethnography; Intervention Study; Clinical Trial); Data Analysis*

7. How did you hear about Tirisano?

Thank you for your interest in our training program. If you have questions about the application procedure, please contact:

Gail E. Wyatt, Ph.D.

Semel Institute for Neuroscience & Human Behavior

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(310) 206-9860

(310) 206-9137 (Fax)

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