



LUPUS ONTARIO

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admin@lupusontario.org

**APPLICATION FOR GEOFF CARR LUPUS FELLOWSHIP
2026 / 2027**

CANDIDATE: Maximum of 5 points

Surname, followed by given names		Date of Birth (year/mm/dd)		Nationality	
Current address:					
Telephone:				Cell:	
Email:					
Proposed date of commencement					
(July 2, 2026 or later)		Day	Month	Year	
Proposed research supervisor:					
Proposed clinical supervisor:					
Lupus Clinic where candidate has arranged to conduct their training					

Provide the names, institution, and the contact information of three references. The reference letters, as well as a letter from your supervisor are to be forwarded directly to Lupus Ontario. Reference letters should provide an assessment of your past performance and future prospects.

Reference 1:	
Address:	
Reference 2:	

Address:	
Reference 3:	
Address:	

Transcripts of undergraduate record attached?

☐ Yes ☐ No

If no, state reason:

List academic distinctions and awards, including Fellowships or Scholarships previously held.

List chronologically all postgraduate experience to date, indicating the titles and dates of all appointments held and the institutions concerned. In the case of research experience (including MSc or PhD training), also provide the name of your supervisor and the subject of your research.		
Year	Experience, & titles	Research experience, supervisor, research subject (if applicable)

List papers published and include where papers were published and when. Give names of co-authors, if any. Provide a link to the publication, if possible.		
Year / where published	Title	Co-authors (if applicable)

Applicant Initials:

PROPOSED RESEARCH, CLINICAL AND EDUCATIONAL TRAINING:
Maximum of 10 points

<p>RESEARCH SECTION: (2-3 pages), Maximum of 5 points</p> <p>I. Provide details of your proposed research and which specific field do you expect to work during the tenure of the Fellowship. Ensure this includes your methodology, timeline and deliverables.</p> <p>II. Explain whether the research project is: (a) standalone or part of a multi-year project, (b) a novel project or part of an existing project and where your</p>
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research fits in, (c) your role in the project, (d) if the project will not be completed in the year, then how will it be completed.

CLINICAL AND EDUCATION TRAINING SECTION: (1-2 pages), Maximum of 5 points

Provide details of your proposed training and which specific field do you expect to work during the tenure of the Fellowship under the headings: clinical and education (medical institution and physician), and proportion of time for each.

Applicant Initials:

FUTURE GOALS: Maximum of 5 points

Are you proceeding or planning to proceed to any additional degree? If so, please specify degree, discipline, institution and year expected.

Degree	Discipline	Institution & year expected

Please include a brief statement as to your proposed future career and long-term practice goals, including geographic location(s) of interest. (1/2 page)

Briefly indicate the benefit and relevance of the Fellowship to your future career or training. (1/2 page)

Dated at:

Date:

Signature of Applicant

APPLICATION DEADLINE: 5 PM on December 1, 2025

Lupus Ontario has a virtual office.

**Please send your complete original application package by email to:
June Alikhan: jalikhan@lupusontario.org & June.alikhan@outlook.com**

Incomplete packages will not be accepted.