



BC Surgical Oncology Network TRAVEL AWARD for BC Surgery Residents/Fellows and Medical Students

Purpose

The BC Surgical Oncology Network supports research and training in surgical oncology. The SON Travel Award is a competitive award intended to motivate physicians and medical students, early in their training, to pursue an interest in surgical oncology and to allow them to present research findings at conferences. There is no predetermined number of awards each year. The SON Council Executive will grant awards based on availability of funding. Approved applications may be funded in whole or in part up to a maximum of \$1000. The total annual funding for all awards will not exceed \$5000 annually.

Details of Award

The SON Travel Award will provide up to \$1000 in travel costs, within the following guidelines:

- Award will cover registration, airfare and hotel costs.
- Original receipts must be submitted within one month after the conference in order to be reimbursed.
- PHSA travel guidelines must be followed (i.e. reasonable accommodation, economy airfare). Contact SON office for more information.
- The SON and BC Cancer Agency must be formally recognized for their support. Contact SON for copy of logos if needed.

Eligibility for Selection

- Must be a current UBC surgical resident or fellow (any surgical discipline is eligible) or medical student. Applicants are also eligible for up to 12 months following completion of their training, provided the research was conducted by a UBC clinical trainee.
- Any travel funds available through the University must have been used.
- Research must be in surgical oncology. The project does not need to be of a clinical nature, but the funding is restricted to clinical trainees. Graduate students in other disciplines are not eligible to apply.
- Research must not have been previously presented, published or submitted for publication (other than at resident research days).
- Presentation must be part of a peer review selection process on behalf of the conference organization.
- The application will be reviewed by the Network's Research and Outcomes Evaluation Committee, and where appropriate will be reviewed by the Chair of the Surgical Tumour Group. The quality and significance of the research will be considered. Podium presentations will be given preference over posters.

Application Procedure

- Application must be made a **minimum 6 weeks prior to the conference**.
- Complete the attached form (also available in electronic format) and provide the following documents:
 - Copy of the abstract
 - Copy of letter of acceptance from conference organization.
 - Letter of support from your supervisor, including confirmation that no other funding is available from your Division.
 - Paragraph describing the significance of your work (max. 300 words).
 - Copy of the applicant's CV.

For more information please contact:

Yasmin Miller, Operational Leader, Surgical Oncology Network

Email: ymiller@bccancer.bc.ca





**BC Surgical Oncology Network
TRAVEL AWARD
BC Surgery Residents/Fellows and Medical Students**

Please complete this form and email with all the attachments in order by email as a PDF to:

Yasmin Miller
Surgical Oncology Network
Email: ymiller@bccancer.bc.ca

Please attach to this application:

1. Copy of the abstract.
2. Copy of letter of acceptance from conference organization.
3. Letter of support from your supervisor, including confirmation that no other funding is available from your Division.
4. Paragraph describing the significance of your work (max. 300 words).
5. Copy of your CV.

Applicant Information

Name: _____
Surgical Specialty
(if applicable): _____
Residency/Medical School Year: _____
Phone Number: _____
Email: _____
Name of Supervisor: _____

Conference Information

Name of Conference: _____
Date & Location of Conference: _____
Type of Presentation (poster, oral): _____

Budget Information

Estimated Travel Costs: \$ _____
Estimated Accommodation Costs: \$ _____
Estimated Registration Costs: \$ _____
Funds From Other Sources: \$ _____
Please specify: _____
Total Funds Requested \$ _____

I agree to submit an expense report to SON within one month after the conference.

Name: _____ Date: _____

Signature: _____

