**Please return with your CV by February 22 2021 to** training@kidsbrainhealth.ca.

Name: Click here to enter text.

Email: Click here to enter text.

Address: Click here to enter text.

Institution: Click here to enter text.

Department: Click here to enter text.

Supervisor: Click here to enter text.

Academic/Career Status: Click here to enter text.

Project/thesis title or objective: Click here to enter text.

**KBHN Affiliation:** Check all that apply:

[ ]  I have received an award/scholarship from KBHN

Specify. Click here to enter text.

[ ]  I have attended KBHN Conference

Specify year Click here to enter text.

[ ]  My supervisor is affiliated with KBHN

[ ]  I have attended KBHN webinars or activities

Specify year Click here to enter text.

[ ]  This is my first time connecting with KBHN

**To which position are you applying?** Check all that apply:

[ ]  Chair

[ ]  Vice-chair

[ ]  Secretary

[ ]  KBHN Conference Planning Committee Trainee Representatives (2)

[ ]  Developmental Origins of Health and Disease International Conference Planning Committee Trainees Representatives (2)

[ ]  Communication lead (supporting social media and newsletter)

[ ]  Training activities lead (supporting content for workshops and other training initiatives).

Have you been on the Committee in the past? If yes, please list position held and dates:

Click here to enter text.

Why do you want to be part of the KBHN Training Advisory Committee? Please answer in reference to the position(s) you would like to hold. (250 words maximum)

Click here to enter text.

I have read and understand the KBHN PART Committee *Terms of Reference* and will adhere to the terms outlined therein during my term with the PART Committee.

Signature

Date: Click here to enter text.

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