



**FACULTY OF MEDICINE TRAVEL STIPEND
APPLICATION FORM 2012/2013
FACULTY OF MEDICINE – UNIVERSITY OF TORONTO**

INSTRUCTIONS:

After completing the application, please return to the Medical Education Office at your home base hospital. This form can be used to apply for the travel stipend for a maximum of three rotations or one FMLE placement. Please use an additional application form if submitting for more than three rotations.

INFORMATION:

The Travel Stipend aims to reduce the cost of essential travel for students who have been identified as having financial need who may have to do substantially more travel in comparison to other students depending on their placement for clinical rotations and FMLE. The Travel Stipend is a subsidy only and is not intended to cover the full cost of travel.

FINANCIAL NEED DEFINITION:

Financial need is generally determined as a result of your OSAP/Government loan application. Students who receive Faculty of Medicine Grant funding or who receive funding through either the Enhanced Bursary Program or the MD Admission Bursary Program are deemed to have financial need. If you have any questions about whether you have been identified as having financial need, please contact Renuka Kapur, Financial Aid Counsellor (r.kapur@utoronto.ca – 416-978-5216) or Bill Gregg, Associate Registrar, Student Financial Services (bill.gregg@utoronto.ca – 416-946-0739).

ELIGIBLE PLACEMENTS:

Eligible placements are those which require travel for more than one hour as calculated using a standard public transit calculation aid such as Google Maps/TTC trip planner OR requires the use of more than one public transit system, for example TTC and GO Transit.

Eligible placements are third year core clinical placements, fourth year selectives within the GTA and second year FMLE placements. The stipend excludes electives and rotations/placements for which another travel stipend or accommodation exists.

TRAVEL TIME:

For the purpose of calculating travel times, the following base sites will be used:

THIRD YEAR CORE ROTATIONS AND FOURTH YEAR SELECTIVES:

| | |
|----------------------------------|-----------------------------------|
| Fitzgerald Academy: | St. Michael's Hospital |
| Mississauga Academy of Medicine: | Mississauga Academy of Medicine |
| Peters-Boyd Academy: | Sunnybrook Health Sciences Centre |
| Wightman-Berris Academy: | Toronto General Hospital |

FMLE:

Travel times will be calculated from the Medical Sciences Building for St. George based students or Terrence Donnelly Health Science Centre for Mississauga Academy of Medicine based students.

STIPEND AMOUNTS:

CORE ROTATIONS AND SELECTIVES: \$ 50 per week for use of a single transit system
\$100 per week for use of two transit systems

FMLE: \$ 5 per day for use of a single transit system
\$10 per day for use of two transit systems

PAYMENT:

Travel Stipend payments will be credited to your University of Toronto Student Account. A cheque will be issued to you once deductions have been made for any outstanding fees.

PART A : _PERSONAL INFORMATION

Last Name: _____ First Name: _____

Student #: _____ Year of Study: 2 3 4

Academy: FITZ MAM PB WB

Clerkship Rotation (please circle): A B C D E F

PART B: TYPE OF TRAVEL

CORE CLINICAL ROTATIONS AND SELECTIVES

1)Placement details:

- Travel to my rotation requires the use of one transit system and the travel time is more than one hour.

Transit system: _____

- Travel to my rotation requires the use of two transit systems.

Transit systems: _____

Start Date _____ End Date _____ Number of Weeks: _____

Location: _____

Rotation: _____

Academy Approval: _____

Date: _____

2)Placement details:

- Travel to my rotation requires the use of one transit system and the travel time is more than one hour.

Transit system: _____

- Travel to my rotation requires the use of two transit systems.

Transit systems: _____

Start Date _____ End Date _____ Number of Weeks: _____

Location: _____

Rotation: _____

Academy Approval: _____

Date: _____

3)Placement details:

- Travel to my rotation requires the use of one transit system and the travel time is more than one hour.

Transit system: _____

Travel to my rotation requires the use of two transit systems.

Transit systems: _____

Start Date _____ End Date _____ Number of Weeks: _____

Location: _____

Rotation: _____

Academy Approval: _____

Date: _____

FMLE PLACEMENT TRAVEL STIPEND

Travel to my placement requires the use of one transit system and the travel time is more than one hour.

Transit system: _____

Travel to my placement requires the use of two transit systems.

Transit systems: _____

Location: _____

Please indicate the total number of days of travel: _____

Academy Approval: _____

Date: _____

DECLARATION

By signing below, I confirm that all of the information provided in this application is true and complete. I understand that if I fail to provide complete and true information, the Faculty of Medicine may restrict me from receiving further financial assistance in the future.

Some grants are funded by private donors who wish to receive limited information about recipients. This could be general, biographical and/or academic in nature. Please check below if you do not wish to have information about you released.

I do not wish to share my information with donors.

I understand that the Student Financial Services Office will use address information housed in the MEDSIS system for contact purposes and that it is my responsibility to ensure information housed in the MEDSIS system is complete and accurate.

I have read and understood this Declaration and Consent, and my signature attests to my consent to the collection and disclosure of my personal information and that my declaration is true.

| | | | |
|------------------------------|--|--------------|--|
| Signature of Student: | | Date: | |
|------------------------------|--|--------------|--|

The University of Toronto respects your privacy. The information on this form is collected pursuant to section 2(14) of the University of Toronto Act, 1971. It is collected for the purpose of administering the assessment of financial need and the assignment of bursary funding and will also be used in preparing statistical reports. The information will be used to administer the Travel Stipend Program and may be used in statistical summaries. At all times it will be protected in accordance with the Freedom of Information and Protection of Privacy Act. If you have questions, please refer to www.utoronto.ca/privacy or contact the University Freedom of Information and Protection of Privacy Office at 416-946-7303, McMurrich Building, Room 201, 12 Queen's Park Crescent West, Toronto, ON, M5S 1A8.

RETURN COMPLETED FORM TO THE MEDICAL EDUCATION OFFICE AT YOUR HOME BASE HOSPITAL

OFFICE USE ONLY: FUNDING: _____
FUND# _____ DATE _____