INSTRUCTIONS
After completing the application, please return to the Medical Education Office at your home base hospital. Mississauga Academy of Medicine (MAM) students, return to the Terence Donnelly Health Sciences Complex. This form can be used to apply for the travel stipend for a maximum of three rotations or one Family and Medicine Longitudinal Experience (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: medicine.financeawards@utoronto.ca

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 (FITZ): St. Michael’s Hospital
Mississauga Academy of Medicine (MAM): Mississauga Academy of Medicine
Peters-Boyd Academy (PB): Sunnybrook Health Sciences Centre
Wightman-Berris Academy (WB): Toronto General Hospital

FMLE:
Travel times will be calculated from the Medical Sciences Building for St. George based students, or the Terrence Donnelly Health Sciences Complex (HSC) for MAM 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.

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

Transit system(s): __________________________________________________________

Start Date: ___________ End Date: ___________ Number of Weeks: ___________

Location: ___________________________ Rotation: ____________________________

Academy Approval: __________________________ Date (MM/DD/YYYY): ___________

2) Placement details:

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

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

Transit system(s): __________________________________________________________

Start Date: ___________ End Date: ___________ Number of Weeks: ___________

Location: ___________________________ Rotation: ____________________________

Academy Approval: __________________________ Date (MM/DD/YYYY): ___________

3) Placement details:

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

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

Transit system(s): __________________________________________________________

Start Date: ___________ End Date: ___________ Number of Weeks: ___________

Location: ___________________________ Rotation: ____________________________

Academy Approval: __________________________ Date (MM/DD/YYYY): ___________
FMLE PLACEMENT TRAVEL STIPEND

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

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

Transit system(s): _____________________________________________________________

Start Date: ______________  End Date: ______________  Number of Weeks: _____________

Location: _________________________________________________________________

Please indicate the total number of days of travel: ________________________________

Academy Approval: ______________________________________  Date (MM/DD/YYYY): __________

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: (MM/DD/YYYY): ____________

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
(MAM students please return to the HSC admin office)

OFFICE USE ONLY

FUNDING: __________________

FUND#: ___________________

DATE (MM/DD/YYYY): ______________

FACULTY OF MEDICINE TRAVEL STIPEND APPLICATION FORM