NorthShore
UNIVERSITY HEALTHSYSTEM

Center for Simulation & Innovation

GCSI STUDENT PROGRAM APPLICATION

Instructions: Please fill out the application completely and return to ICox@northshore.org by March 2, 2020.

Student Applicant Information

Full Name: _____ Date:_____

Last   _First_   _M.I._

Address: _____

Street Address   _Apartment/Unit #_

_____

City   _State_   _ZIP Code_

Phone: _____   Email_____

Date Range Available: _____

Position Applied for: **GCSI Student** _____

Area of research interest: (Optional) _____

Have you ever worked for NorthShore? YES ☐ NO ☐   If yes, when?_____

Education

High School: _____   _____

_____ _____ Did you graduate? YES ☐ NO ☐ Diploma::_____

College: _____   _____

_____ _____ Did you graduate? YES ☐ NO ☐ Degree:_____

Other: _____   _____

_____ _____ Did you graduate? YES ☐ NO ☐ Degree:_____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

	YES	NO
May we contact your previous supervisor for a reference?	☐	☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

	YES	NO
May we contact your previous supervisor for a reference?	☐	☐

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to selection, I understand that false or misleading information in my application or interview may result in my release.

I understand that this position is an <u>unpaid position and that I must receive academic credit from an accredited University partner.</u>

I agree to complete all necessary on-boarding requirements of this position (documents available upon request) including but not limited to:

- *CITI Training -- Human Research Studies Training*

- *EPIC (Electronic Medical Record)Training*

- *HIPAA Disclosure/Privacy Documents*

- *Immunizations*

- *Financial Conflict of Interest Release*

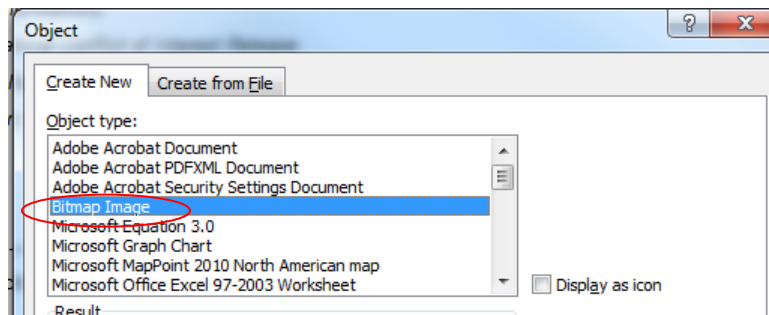- *Intellectual Property Release*

- *Injury and Photo Waiver*

Signature: _____   Date:_____

To Sign Electronically, please select "Insert Object" in Microsoft Word and select a Bitmap Image. This will allow you to create a MS Paint version of your signature.

Step 1:
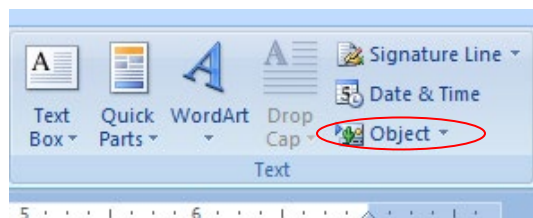
Step 2:

Additional Documentation: Please provide a current resume, cover letter and 1-2 letters of recommendation.