



RADIATION THERAPY STUDENT SPONSORSHIP APPLICATION

SECTION A: PERSONAL INFORMATION

Name: _____
Last name First name

Address: _____
Street Unit #

_____ City Province Postal code

Phone number: _____
Primary Alternate

Are you a permanent resident of Canada or a Canadian citizen?

Yes No

Radiation therapy is a physically demanding profession, requiring a high level of manual dexterity, physical strength, controlled sensitivity to odours and sights associated with the human body, and the ability to work in a busy and sometimes stressful environment. Specifically, radiation therapists:

- possess fine motor control
- can lift and move patients or heavy equipment
- are able to stand for long periods of time
- demonstrate good visual depth perception and discernment of grey color scale
- have normal hearing ability

Do you possess the physical requirements as described above, authorized by your signature at the end of this application:

Yes No

SECTION B: WORK HISTORY and GENERAL EXPERIENCE

Work History

Please attach a current resume including work history and volunteer experience.

General Experience

Please attach a brief essay outlining examples from work, school, volunteer, home or other experiences to describe the skills listed below, including how often/long you have had experience these areas:

- Participation in solving problems
- Contribution as a member of a team
- Interaction with the general public
- Responsibilities in a leadership role

SECTION C: ACADEMIC EXPERIENCE

Please submit an official university transcript of post-secondary education demonstrating you meet the minimum requirements*:

- 30 credits of undergraduate university classes with a minimum 3.0 GPA (75%).
- A minimum of three credit hours in human biology, calculus based mathematics, physics and a social science.

*As per Michener/University of Toronto joint program: <https://michener.ca/admissions/applying/admissions-requirements/>

SECTION D: GENERAL

How did you find out about the radiation therapy student program?

Family or friends Social media Newspaper Poster

Other _____

SECTION E: AUTHORIZATION

I certify that the facts set forth in this application are complete and true. I understand that if I have employed false statements on this application, it shall be considered sufficient cause for dismissal. I also give permission to the Saskatchewan Cancer Agency to obtain information regarding my previous employment or educational background.

Name of applicant: _____
Sign or type your name

Date: _____

Note: The Saskatchewan Cancer Agency and Michener/University of Toronto will be asking you to provide a current Criminal Record Check including Vulnerable Sector Check. Acceptance is conditional on the return of satisfactory security checks.

Deadline for applications is December 4, 2020. Please ensure the application is completed in full.

Mail applications to:
School of Radiation Therapy
c/o Lacey Fondrick
Allan Blair Cancer Centre
4101 Dewdney Avenue
Regina, SK S4T 7T1

Email applications to:
rtschoolinfo@saskcancer.ca