

Personal Identification Number (P.I.N.)

23007

Registration CV

This page is for CIHR use only. It will not be included in the evaluation of your application for funding.

Family Name Willan		Given Name Andrew		Middle Initial(s) R																					
Have you previously applied to CIHR for funding? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Title: Dr. <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Prof. <input type="checkbox"/>																							
Previous family name used																									
Previous given name used																									
Courier Address (If different from mailing address) 401-123 Edward Street Toronto, Ontario CANADA (M5G 1E2)		Temporary Address Start Date _____ End Date _____		Primary Affiliation Name The Hospital for Sick Children Start Date 07/2002 Primary Affiliation Address Child Health Evaluative Sciences Research Institute Hospital for Sick Children 555 University Avenue Toronto, Ontario CANADA (M5G 1X8)																					
Contact numbers Phone Primary (416) 813-2166 Secondary Temporary Start Date _____ End Date _____		Fax Primary Temporary Start Date _____ End Date _____		Electronic Addresses E-Mail andy@andywillan.com Web page address www.andywillan.com/willan																					
Citizenship Canadian <input checked="" type="checkbox"/> Other <input type="checkbox"/> Other Country of Citizenship _____		Permanent Residence in Canada Permanent Resident <input type="checkbox"/> Date of permanent residency status DD/MM/YYYY Have you applied for permanent residency? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>																							
Correspondence Language English <input checked="" type="checkbox"/> French <input type="checkbox"/>		<table border="1"> <thead> <tr> <th>Language</th> <th>Read</th> <th>Write</th> <th>Speak</th> <th>Understand</th> </tr> </thead> <tbody> <tr> <td>English (Yes or No)</td> <td>YES</td> <td>YES</td> <td>YES</td> <td>YES</td> </tr> <tr> <td>French (Yes or No)</td> <td>NO</td> <td>NO</td> <td>NO</td> <td>NO</td> </tr> <tr> <td colspan="5">Other Languages:</td> </tr> </tbody> </table>				Language	Read	Write	Speak	Understand	English (Yes or No)	YES	YES	YES	YES	French (Yes or No)	NO	NO	NO	NO	Other Languages:				
Language	Read	Write	Speak	Understand																					
English (Yes or No)	YES	YES	YES	YES																					
French (Yes or No)	NO	NO	NO	NO																					
Other Languages:																									
Gender Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>		Date of Birth (DD/MM/YYYY) 11/05/1947																							

Signature

Date

Expertise

List up to ten (10) key words that best describe your expertise in research, instruments and technique.

Biostatistics	
Clinical Trials	
Health Economic Analysis	
Crossover Designs	
Meta-analysis	

Indicate and rank the disciplines that best correspond to your research interests. No additional pages may be added.

Rank	Discipline		Sub Discipline	
	Code	Description	Code	Description
1.	105	STATISTICS AND PROBABILITY	133	Biostatistics
2.	31	EPIDEMIOLOGY	402	Clinical Trials/Clinical Trial Design
3.	31	EPIDEMIOLOGY	341	Health Economics
4.				
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