



Cancer Education Video Award Competition 2026: Application Form

- 1. List all Applicants.**
(Add additional applicants as needed)

Applicant 1:

Name (First name, Last name)

Title

Credentials

Department name

Applicant 2:

Name (First name, Last name)

Title

Credentials

Department name

Applicant 3:

Name (First name, Last name)

Title

Credentials

Department name

Applicant 4:

Name (First name, Last name)

Title

Credentials

Department name

Main Contact for Application: _____

2. Indicate the Target Learners:

- Patients and Family. Specify Disease Site(s): _____
- Healthcare Staff. Specify Discipline(s): _____
- Trainees. Specify Discipline(s): _____
- Other. Specify: _____

Submit your completed application to the Cancer Education Program at: CancerEduAwards@uhn.ca