Additional file 6: Trainee intake survey

CIHR-IGH 2025 Summer Institute on Sex and Gender+ Science: Trainee Information

Congratulations on being selected to attend the CIHR-IGH 2025 Summer Institute on Sex and Gender+ Science! The event will be hosted by KITE-Toronto Rehabilitation Institute, University Health Network (UHN) from May 26-30, 2025.

In preparation for the Institute, we would like to gather some important information including your travel details, dietary restrictions, and any accommodations you may require. We also will ask you what you hope to learn at the Institute to help our speakers shape their sessions.

This brief form takes around 5-10 minutes to complete. Thank you for your response, and we look forward to working with you!

Sincerely,
The Event Planning Team

* Indicates required question

1. Institute attendance *

Kindly confirm your availability for in-person attendance.

If you are no longer able to attend, please contact Dr. Mollayeva and Thaisa.

Mark only one oval.

- ◯ I confirm my attendance
- ◯ I am no longer available to attend

Personal Information

We aim to create promotional materials for each trainees including name, affiliation, photo, and a quote on motivation to attend the Institute.

We will seek further consent from you to distribute this material for Institute promotion. You will receive a media release form via email in the coming weeks.

2. ### Preferred name and salutation *

Please confirm your preferred full name and salutation (e.g., Dr., Professor, Ms., Mr., Mx., etc.) as you would like it to appear in Institute materials. If you prefer to omit salutation, please do so.

3. ### Roles and affiliation *

Please indicate your program and institution.

Example: PhD Candidate in Epidemiology, Dalla Lana School of Public Health, University of Toronto

4. ### Pronouns

We strive to create an inclusive and respectful environment at the conference. We intend to include pronouns on the name badges. If you would like, please share your pronouns.

If you prefer not to share, feel free to leave this blank.

Some examples: she/her, he/his, they/them

5. ## Portrait photo

We encourage you to provide a professional portrait photo to be used in Institute materials.

Files submitted:

6. ## Professional social media account

If you would like to share your professional social media handle(s) (e.g., LinkedIn, Twitter/X, etc.) and/or link to professional website/portfolio, please provide them below.

Please indicate your handle(s) or link(s) and the platform(s).

Example: @examplehandle (Twitter/X); [link] (LinkedIn)

7. ## Motivation for attending *

In one to two sentences, describe your motivation for attending the institute.

8. Consent *

Please use the checkboxes below to indicate your consent to use your information in promotional materials for the event. Check all that apply.

Check all that apply.

- [ ] Name and affiliations
- [ ] Photo
- [ ] Social media handle(s)
- [ ] Quote on motivation for attending

9. Emergency contact *

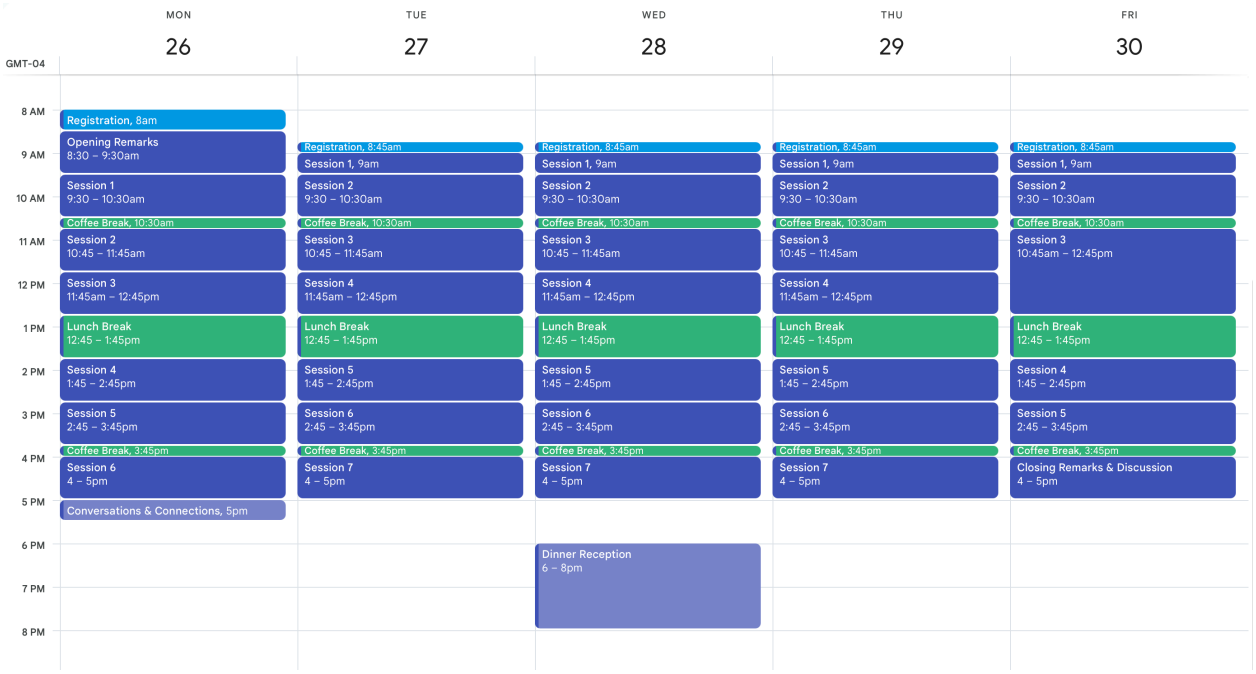
Please share the contact information of someone we can reach out to in case of emergency for the duration of the Institute. **Indicate their full name and phone number.**

Attendance

Please take a moment to review the Institute's timetable below before answering the following questions regarding your attendance. You can also view it on Google Calendar here.

The Institute will take place in person at the Toronto Rehabilitation Institute (550 University Avenue, Toronto, ON). Trainees will be staying at the University of Toronto Chestnut Residence (89 Chestnut St, Toronto, ON).

Summer Institute Timetable



10. Transportation Arrangements *

Mark only one oval.

- ◯ I have already purchased my flight/train ticket to travel
- ◯ I have not yet purchased my flight/train ticket to travel
- ◯ I will not purchase a flight/train ticket, as I live close enough to commute/drive

11. Expected arrival date and time *

Please indicate the date and approximate time of your arrival in Toronto.

Please note that the Institute begins at 8am on May 26. If you require accommodations to arrive the night before, please indicate below.

_____

12. Flight/train number

If you will be arriving by air or rail, please share your flight/train number.

_____

13. Expected departure date and time *

Please indicate the date and approximate time of your departure from Toronto.

Please note that the Institute ends at 5pm on May 30. If you require accommodations to leave the following morning, please indicate below.

_____

14. Flight/train number

If you will be departing by air or rail, please share your flight/train number.

_____

15. Dietary restrictions *

Please indicate any dietary restrictions or preferences we should be aware of. Select as many options as applicable.

Check all that apply.

- [ ] Vegan
- [ ] Vegetarian
- [ ] Halal
- [ ] Kosher
- [ ] Allergies (please indicate any allergies in the 'Other' box)
- [ ] Intolerances (please indicate any intolerances in the 'Other' box)
- [ ] Other Considerations: e.g., low sodium, low sugar, keto, etc. (please indicate in the 'Other' box)
- [ ] No dietary restrictions or preferences
- [ ] Other: _____

16. Accessibility

The event venue, Toronto Rehabilitation Institute, is an accessible facility that follows Accessibility Standards Canada. The event room is accessible by elevator.

Trainees will be staying at the Chestnut Residence, which is a 10 minute walk (600 meters) from the event venue.

Please indicate if you require any accessibility or other accommodations (e.g., visual, hearing, mobility, transportation, etc.) for your attendance to the event.

17. Language preference *

Please indicate your preferred language. We intend to have live translation (audio and captioning) between English to French accessible from your personal devices (smart phone, tablet, laptop).

Mark only one oval.

- English
- French
- No preference

Learning objectives and expected outcomes

18. Learning objectives *

What are the top three learning objectives you hope to achieve by attending the Institute? Please number them below.

19. Level of knowledge *

Please rate your level of knowledge on the application of sex and gender+ science to the four pillars of health research, as defined by the Canadian Institutes of Health Research (CIHR).

Four pillars of health research: (1) biomedical, (2) clinical, (3) health services, and (4) social, cultural, environmental, and population health research.

Mark only one oval per row.

	None	Basic	Moderate	Strong	Expert
Biomedical	◯	◯	◯	◯	◯
Clinical	◯	◯	◯	◯	◯
Health services	◯	◯	◯	◯	◯
Social, cultural, environmental, and population health					

Social, cultural, environmental, and population health					

20. Level of interest *

Please indicate your level of interest in applications of sex and gender+ science to the each of the four pillars of health research, as defined by the CIHR.

Mark only one oval per row.

	None	Slight	Moderate	Strong
Biomedical				
Clinical				
Health services				
Social, cultural, environmental, and population health				

21. Expected output *

We have allocated 30-minute time slots from Day 2 to Day 5 for trainees to work activity of their choice, from the list of available options.

Please rank the activity options below, where **1 indicates your top choice** and **4 indicates your least preferred choice**.

Mark only one oval per row.

	1	2	3	4
Academic magazine article	◯	◯	◯	◯
Policy brief	◯	◯	◯	◯
Debriefing of training sessions	◯	◯	◯	◯
Networking	◯	◯	◯	◯

22. Expected output suggestion

If you have a suggestion for an additional activity for the group in the 30-minute timeslot, please indicate it below.

_____

Additional comments

23. Additional comments

Is there anything else we should take note of regarding your participation in the Institute? If you have any questions, please feel free to add them to your response below or contact Thaisa via email.