**Holyland Student-led Project Team**

**Personal Details**

|  |  |
| --- | --- |
| Forename(s): |  |
| Preferred name: |  |
| Surname: |  |
| QUB Student Number (if known): |  |
| Level of Study: | *PhD or Masters* |
|  Course or Subject: |  |
|  Year: |  |
| School: |  |

**Contact Details**

|  |  |
| --- | --- |
| QUB Email Address: |  |
| Daytime telephone number (including code): |  |

**Please answer questions in no more than 250 words each**

1. **Why do you want to be part of the Holyland project team?**

**2. What skills could you bring to the Holyland project team?**

**Please tick the box to confirm you give your consent for your picture to be taken during**

**the project for marketing purposes** [ ]

**Please return completed application form to pg.skills@qub.ac.uk**