# Application form for CCRCB Summer Studentship 2019

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| **Name:** |  | |
| **Email:** |  | **Telephone:** |
| **University:** |  | |
| **Course:** |  | **Student number:** |
| **Current year (check box):** | 1st  2nd  3rd  Other (state\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

Other details (These are not a selection criteria):

|  |  |
| --- | --- |
| Please check box if you have applied to any other Research or Education Centres in the School of Medicine, Dentistry or Biomedical Science | Research Centres:  CPH  CII  CEM  Education Centres:  CME  CDE  CBE |
| Check box if you have any preference for disease or topic for the project, although you may not get your preferred option | Breast / Ovarian  Leukaemia  Colon  Prostate  Head & Neck  Pathology  Radiation Oncology  Medicinal Chemistry  Bioinformatics  No preference |

## Statement: (Please write in the box why you want to do a summer studentship in the CCRCB – no more than 200 words)

Please attached:  CCRCB Application Form,  CV,  Copy of Transcript and  if external to Queen’s University Belfast, a supporting letter from your University Tutor or other relevant person