# Application form for CCRCB Summer Studentship 2019

|  |  |
| --- | --- |
| **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 [ ]  CEMEducation 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