# Application for CCRCB Summer Studentship 2020

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

**Other details *(not part of the selection process):***

|  |  |
| --- | --- |
| ***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 attach CCRCB Application Form [ ]  CV [ ]  Copy of Transcript [ ]

If external to Queen’s University Belfast, attach a supporting letter from your University Tutor or other relevant person [ ]