# Application for CCRCB Summer Studentship 2020

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| --- | --- | --- |
| **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