

**APPLICATION FORM FOR THE MB/PhD PROGRAMME**

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| **SECTION 1: Personal Details** | | |
| **Surname:** | | |
| **Forenames:**  **Preferred name:** | | |
| **Title:**  *(Mr/Miss/Mrs etc)* | | **Date of Birth:** |
| **Nationality:** |  | |
| **College:** | | |
| **Telephone Number:** | | |
| **Email Address:** | | |
| **What is your current fee status?** (Please indicate most appropriate) Home fees / Overseas fees | | |
| **CRSID** (Cambridge applicants only): | | |

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| **SECTION 2:** **Secondary/Further Education**  **Subjects passed in GCSE A Level, AS Level or equivalent (please list most recent first):** | | |
| **Month/ Year** | **Subject** | **Grade** |
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| **SECTION 3:** **Higher Education – Part I and II Grades and Expected Grades**  Qualifications yet to be awarded. | | | |
|  | Grade | Degree /Subject Title: | Year of Study on this programme |
| Part IA |  |  |  |
| Part IB |  |  |  |
| Part II |  |  |  |

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| **SECTION 5:** **Please list any** **academic prizes, research projects that you have received or undertaken:** |
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| **SECTION 6:** **Please state why would you like to undertake a PhD at this stage of your career?**  (Maximum 200 words) |
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| **SECTION 7: What experience of scientific research have you already had?**  (Maximum 200 words) |
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| **SECTION 8: Describe the broad area in the biological or medical sciences you may wish to investigate.**  (Maximum 200 words) |
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| **SECTION 9: Please make sure the Referee has agreed to supply a reference directly to us**   |  |  | | --- | --- | | **1. Reference from UG Medicine Year 1/ 2 Director of Studies\*** | Y/N | | **2. Reference from Part II project supervisor\*** | Y/N |   **APPLICATIONS WITHOUT THE ABOVE ITEMS WILL BE RETURNED TO THE CANDIDATE.**  References will be necessary for applications to be shortlisted, it is up to the applicant to check the Referee has submitted |

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| **SECTION 9a:** **References**   * Please give details of the people you have asked to provide references on your behalf. Referees must be able to give an assessment of your research abilities or potential. * References should be submitted directly by your Referee unless otherwise indicated. * **Applications are not considered complete unless both references have been received. It is the responsibility of the applicant to make**   **sure these are submitted on time. Please contact** [**Year4Admin@medschl.cam.ac.uk**](mailto:Year4Admin@medschl.cam.ac.uk) **if you are unsure.** | |
| **Referee 1:** | **Referee 2:** |
| **Name:** | **Name:** |
| **Position:** | **Position:** |
| **Address:** | **Address:** |
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| **Tel:** | **Tel:** |
| **Email:** | **Email:** |
| Reference being submitted directly by referee: Y/N | Reference being submitted directly by referee: Y/N |

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| **SECTION 10: Programme Entry** | |
| **I am a Cambridge student currently in Year 3, and I wish my application to be considered entry** | Y/N |
| **EXTERNAL APPLICANTS ONLY:** | |
| **I understand that I will need to transfer to the Clinical Course first in order to be considered for the MB/PhD Programme.** | Y/N |

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| **SECTION 11:** **Equal Opportunities:** |
| The University will use the information collected from this section of the application form for statistical purposes and so that we can make sure that our equal opportunities policy is working. This information will be filtered from your application and stored in a separate part of  our system. The information you provide on this page will not be visible in your application and will not be used in the selection process. If you are successful, then we will pass some of this information to the Higher Education Statistics Agency (HESA) as part of an annual  report. The information we pass to HESA will not be associated with your name. If you do not wish to provide personal information to us, there is an option for you to select ‘Prefer not to say’ for the more sensitive questions. For further details, please see our document on  [Storage and Use of Applicant Data](http://www.admin.cam.ac.uk/offices/hr/staff/data/recording.html).  **Equal Opportunities Details** (Please indicate as appropriate):  **Gender:**  Man  Woman  Intersex  Non-binary  Prefer not to say   If you prefer to use your own term, please specify here:  **Which Country defines your nationality?**  (Please state here):  **What is your ethnicity?**  Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please indicate as appropriate:  ***White***  British  Mixed British  Any other  Prefer not to say   A Any other white background, please write in:    ***Mixed/multiple ethnic groups***  White and Black Caribbean  White and Black African  White and Asian  Prefer not to say   Any other mixed background, please write in:  ***Asian/Asian British***  Indian  Pakistani  Bangladeshi  Chinese  Prefer not to say   Any other Asian background, please write in:    ***Black/ African/ Caribbean/ Black British***  African  Caribbean  Prefer not to say   An Any other Black/African/Caribbean background, please write in:  ***Other ethnic group***  Arab  Prefer not to say   Any other ethnic group, please write in:  **Do you consider yourself to have a disability or health condition?**  Yes  No  Prefer not to say   What is the effect or impact of your disability or health condition on your ability to give your best at work?  Please write in here:  The information in this form is for monitoring purposes only. If you believe you need a ‘reasonable adjustment’, then  please discuss this further with the Programme Director. |

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| **SECTION 12:** **APPLICANT’S DECLARATION:** |
| I confirm that I understand the conditions of application and that the information which I have given in this application is complete and true.  Please hand sign or use an electronic signature. |
| **Signature of Applicant:** **Date:** |