Clinical Research Training Fellowships at The Institute of Cancer Research and Imperial College London

**Initial Contact Form**

**Deadline: Sunday 10th December 2023**

Please complete this form and email it to [admissions@icr.ac.uk](mailto:admissions@icr.ac.uk), together with your:

* completed equal opportunities monitoring form;
* project preference form; *and*
* CV.

# Personal details

|  |  |
| --- | --- |
| **Full name** | Click or tap here to enter text. |
| **Email** | Click or tap here to enter text. |
| **Telephone contact** | Click or tap here to enter text. |
| **How did you hear about this clinical research fellowship programme?** | Click or tap here to enter text. |

# Current post and positions held since qualification

|  |  |  |  |
| --- | --- | --- | --- |
| **From** | **To** | **Job Title** | **Institution** |
| Click or tap to enter a date. | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap to enter a date. | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap to enter a date. | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap to enter a date. | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. |

# Experience and motivation

|  |
| --- |
| **Please provide a brief summary of your research experience, where possible detailing relevant publications, presentations, and research grants** |
| Click or tap here to enter text. |

|  |
| --- |
| **Please write a brief paragraph detailing why you would like to be a Clinical Research Fellow** |
| Click or tap here to enter text. |

# Referees

## Referee 1

|  |  |
| --- | --- |
| **Title and name** | Click or tap here to enter text. |
| **Role** | Click or tap here to enter text. |
| **Institution and address** | Click or tap here to enter text. |
| **Email and telephone contact details** | Click or tap here to enter text. |

## Referee 2

|  |  |
| --- | --- |
| **Title and name** | Click or tap here to enter text. |
| **Role** | Click or tap here to enter text. |
| **Institution and address** | Click or tap here to enter text. |
| **Email and telephone contact details** | Click or tap here to enter text. |

# Salary information

Sometimes, we receive applications from clinicians who have additional allowances in their pay packets. In extreme cases, the award may not be able to cover all of these allowances, but some of our supervisors are able to top-up salaries with their Departmental budgets for the right candidate. You can tell us about your salary expectations here, or if you’d prefer you can discuss this in your initial meetings with your prospective supervisors.

|  |  |
| --- | --- |
| **Expected salary** | Click or tap here to enter text. |