**ICR Summer Vacation Scholarship Scheme**

Please complete this form and email it to [silvia.alvarezperez@icr.ac.uk](mailto:silvia.alvarezperez@icr.ac.uk) together with a copy of your CV **by Friday 18th February 2022**. Please note that some research teams have an earlier deadline on February 10th, visit the list of research teams inviting applicants for more details.

For more information on how to apply please see the [How to apply page](https://www.icr.ac.uk/studying-and-training/undergraduate-vacation-scholarship-scheme/how-to-apply).

If you have any queries about the scheme or the application process please contact Silvia Alvarez Perez ([silvia.alvarezperez@icr.ac.uk](mailto:silvia.alvarezperez@icr.ac.uk))

|  |  |
| --- | --- |
| Full name |  |
| Email |  |

|  |  |
| --- | --- |
| University |  |
| Undergraduate course |  |
| Year of study |  |
| Total length of course |  |
|  |  |
| Previous summer placements | **Yes No** |

|  |  |  |  |
| --- | --- | --- | --- |
| Please list the research projects/teams you are interested to apply (**up to 3 in any order**)  Students are advised to select only the teams they are particularly interested in applying, applications will not be disadvantaged if they only pick one team. | | | |
| Choice | Division | Team Name | Team Leader |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |

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| --- |
| Please state why you are interested in this scheme |
|  |

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| --- |
| How did you hear about this summer studentship programme? |
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**Equal Opportunities Monitoring Form**

The Institute of Cancer Research (the ICR) appoint employees and offer studentships on merit and do not discriminate unfairly or unlawfully in recruitment, employment, or other treatment. We are legally required to monitor the information requested below to ensure equality of opportunity. **Any information you provide on this form is confidential and will not be provided to Team Leaders to use as part of their selection process.**

|  |  |
| --- | --- |
| First name: |  |
| Surname: |  |
| Nationality: | Choose an item. |
| Date of birth: dd/mm/yyyy | Click or tap to enter a date. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sex: | Male | Female | Other | | |
| Is your gender identity the same as the gender you were originally assigned at birth? | | | | Yes | No |

|  |  |  |
| --- | --- | --- |
| Do any of your parents, step-parents, or guardians have any university-level qualifications, such as a degree, diploma or certificate of higher education? | Yes | No |

|  |  |  |
| --- | --- | --- |
| Ethnic origin: | White  Gypsy or Traveller  Black or Black British – Caribbean  Black or Black British – African  Other Black background  Asian or Asian British – Indian  Asian or Asian British – Pakistani  Asian or Asian British – Bangladeshi | Chinese  Other Asian background  Mixed – White and Black Caribbean  Mixed – White and Black African  Mixed – White and Asian  Other mixed background  Prefer not to say |
| Religion or belief: | No religion  Buddhist  Christian  Hindu  Jewish | Muslim  Sikh  Spiritual  Any other religion or belief  Prefer not to say |
| Sexual orientation: | Bisexual  Gay man  Gay woman/lesbian | Heterosexual  Other  Prefer not to say |

# Disability support

The definition of disability according to the Disability Discrimination Act 2010 is "A physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities" (long-term in this definition is taken to mean more than 12 months). Anyone who has a diagnosis of HIV, cancer or multiple sclerosis is automatically treated as disabled under the Act.

The Institute of Cancer Research do not discriminate on the grounds of a person's disability, and are committed to providing appropriate support for staff and students with disabilities. The following information will assist us to do this.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you consider that you have a disability or health condition which falls within the Disability Discrimination Act definition? | | | Yes | No |
| If yes, please select the nearest description of your disability from the list below: | | | | |
|  | Two or more impairments and/or disabling medical conditions  Specific learning difficulty such as dyslexia, dyspraxia, or AD(H)D  Deaf or serious hearing impairment  A social/communication impairment such as Asperger's syndrome/other autistic spectrum disorder  A long-standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy  Blind or serious visual impairment uncorrected by glasses  A physical impairment or mobility issues such as difficulty using arms or using a wheelchair or crutches  A mental health condition such as depression, schizophrenia, or anxiety disorder  A disability, impairment or medical condition that is not listed above (please specify below). | | | |
| If other, please specify: | | Click or tap here to enter text. | | |

|  |  |  |
| --- | --- | --- |
| Would you like a member of ICR Academic Services to discuss any access requirements that you may need? | Yes | No |

|  |  |  |
| --- | --- | --- |
| The ICR are spread over several sites and access and assistive technology arrangements vary slightly depending on the location. Please indicate if you are likely to require any of the following at any stage of your application: | | |
| Information in large print  Sign language interpreting  Induction loop system | | Wheelchair access  Other |
| If other, please specify: | Click or tap here to enter text. | |