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| **Section 1: to be completed by the student** |
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| Name | Click or tap here to enter text. |
| Home institution | Click or tap here to enter text. |
| Home department | Click or tap here to enter text. |
| Home supervisor | Click or tap here to enter text. |
| Work address | Click or tap here to enter text. |
| Email address | Click or tap here to enter text. |
| Telephone number | Click or tap here to enter text. |
| Name of degree course | Click or tap here to enter text. |
| Start date of course | End date of course |
| Click or tap to enter a date. | Click or tap to enter a date. |
|  |
| Student’s statement – please explain why you want to work in the host institution lab and on this project. What do you hope to gain from the studentship and how will this be useful to your future career? (max 500 words) |
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|  |
| Intended start date at host institution | Intended end date at host institution |
| Click or tap to enter a date. | Click or tap to enter a date.  |
| Number of weeks | Choose an item. |
| **Section 2: to be completed by the host supervisor** |
| Name of host supervisor | Click or tap here to enter text. |
| Position held | Click or tap here to enter text. |
| Host institution | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |
| Email address | Click or tap here to enter text. |
|  |  |
| Title and brief summary of proposed research project (max 500 words) |
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| Summary of costs for the proposed research project |
|  |
| Details of support – Please provide details of support that will be provided to the student, including the name of the person responsible for day-to-day supervision. Include details of lab induction processes, lab meetings and opportunities for the student to present data (max 200 words) |
|  |
| Please confirm that any funding awarded will conform to all legal, ethical and relevant regulatory approvals |[ ]
| Please confirm that the host department will be responsible for providing any shortfall in consumables budget |[ ]
| Do you have any BRC or other funding relating to this studentship? |[ ]
| If yes, please provide details |  |
| Have you been involved is any PPI (Patient & Public Involvement) activities? | Yes [ ]   | No [ ]  |
| If yes, please provide details |  |

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| **Approvals** |
| Please sign to approve the studentship application and to confirm that you have read and agree to the studentship guidance document (electronic signatures are acceptable). |
| **Student** |
| NameClick or tap here to enter text. | Signature Click or tap here to enter text. | Date Click or tap to enter a date. |
|  |
| **Host Supervisor** |
| NameClick or tap here to enter text. | Signature Click or tap here to enter text. | Date Click or tap to enter a date. |

Please submit all parts of the signed application form as one document, together with the student’s CV, electronically to Sinead Wright at brc@ocdem.ox.ac.uk

For further information please contact the BRC Coordinator for the Diabetes and Metabolism Theme, Sinead Wright, on Microsoft Teams or by email: brc@ocdem.ox.ac.uk