MRC Laboratory of Medical Sciences Faculty of Medicine, Imperial College Hammersmith Hospital Campus Du Cane Road London W12 ONN



UNDERGRADUATE SUMMER STUDENTSHIP APPLICATION FORM

2024

This form should be completed electronically and e-mailed to students@lms.mrc.ac.uk Mac users should NOT complete the form in Mac Preview. It is best viewed in the latest version of Adobe Reader which is free to download. Incomplete applications will not be considered.

Application deadline: Tuesday 02 April 10:30am. If you do not receive confirmation of your application by Thursday 04 April, please contact us by email.

Personal Details

Family name		Forenames			Title (e.g. Mr, Ms, Dr)	
Home or Permanent Address		Address for Correspondence (if different)			Home Telephone Number	
					Daytime/Work Telephone Number	
					Mobile Telephone Number	
Date of Birth (dd/mm/yy)	Gender	Preferred Name		E-Mail Address		
	Gender:					
	Gender Pronouns:					
Current Country of Residence		Date you took up residence in that country		Nationality (State if pre-settled/settled)		
What is your ethnic background or ancestry? (Please select all that apply)						
Native American and Inuit			Asian Other (Central Asian/East Asian/Pacific Islander)			
White/Caucasian			Middle Eastern/Arab/Persian			
Black		Hispanic				
South Asian			Mixed			
Other (Please specify):						
Are you the first generation in	your family to attend university? Yes	No)			

Referee

p. 5. 5.	rably your academic tu	cluding e-mail addre ntor. They will be co	<u>ss)</u> and telep ntacted if you	hone number of an acade r application is shortliste	ed.
Name:					
Addres	ss:				
Tel:					
Email:					
Monit	toring				
Where	e did you first hear about	studentship opportuni	ities at the MRC	Laboratory of Medical Scien	nces?
	ation and Qualificati		and la sakion of	ankan dakan af akkandana	all A laval (av
	lent) subjects and grade			school, dates of attendance ications below as space allo School	
Result	Subject	Lever (e.g. A Lever)	Date (WIWI/11)	SCHOOL	
Univer	reity Education, place di	vo name and location		upo of dogrees, and details of	tonics studied
Degree	:	ve name and location (of university, ty	pe of degree, and details of	topics studied
Degree	Sc Biology)	ve name and location o	of university, ty	pe of degree, and details of	topics studied
Degree (e.g. B	Sc Biology)	ve name and location o	of university, ty	pe of degree, and details of	topics studied

Prizes and Other Outstanding Achievements

Year	Name/Details					
L Have you be	roviously boon awards	od a Nuffield undergr	aduato rocoare	h hursary or other vacation s	cholarchin?	□ Vos. □ No.
nave you pr	eviously been awarde	ed a Numero undergr	aduate researc	ch bursary or other vacation s	Liioiaisiiip?	☐ Yes ☐ No
Work Experience						
List any re	List any relevant posts you have held, including vacation work (starting with the most recent)					
Employer		From (mm/yy)	To (mm/yy)	Position Held		
Other In	terests and Skil	ls	1	<u> </u>		
Personal	statement					
Please tell us in your own words why you wish to participate in this programme, and any other information you think is relevant to your application. Limit your answer to the space provided (about 500 words).						
Will this wor	k contribute directly t will contribute to you	to your degree? (eg. r degree from this pı	is this part of roject?)	your final project; will you rec	ceive a	☐ Yes ☐ No
If Yes, pleas	se explain:					

Research interests

Please rank the following in order of interest					
Field of research (1=highest, 8=lowest)		Research methods (1=highest, 7=lowest)			
	Bioinformatics		Biochemistry		
	Cancer		Cell Biology		
	Chromatin		Computers		
	Epigenetics		Genetics		
	Gene Regulation		Imaging		
	Genomics		Molecular Biology		
	Metabolic		Protein Chemistry		
	Neurobiology				
Other Information Use this space if you would like to articulate challenges you have overcome during your work or studies (for example, needing to work part-time, financial pressures or caring responsibilities). Anything written in this space will be used to ensure your application is considered fairly in comparison to other applicants who may not have had the same barriers. (Please limit your response to 1000 characters or less)					
Declaration					
I certify that the information given in this form is complete, up-to-date and correct.					
Signature of Applicant			Date		