

UNDERGRADUATE SUMMER STUDENTSHIP APPLICATION FORM

2025

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

Application deadline: Friday 02 May 10:30am. If you do not receive confirmation of your application by COP Tuesday 06 May, please contact us by email.

Personal Details

Family name	Forenames			Title (e.g. Mr, Ms, Dr)		
Home or Permanent Address		Address for 0	Address for Correspondence (if different)		Home Telephone Number	
					Daytime/Work Telephone Number	
					Mobile Telephone Number	
Date of Birth (dd/mm/yy)	of Birth (dd/mm/yy) Gender Preferred Na		me	E-Mail A	Address	
	Gender:					
	Gender Pronouns:					
Current Country of Residen	ce	Date you too country	k up residence in that	Nationa	nality (State if pre-settled/settled)	
Visa Information						
Do you/will you require a vis	sa to work in the UK? Yes		No			
If yes, do you currently hold		No				
If yes, does your current vis	a allow you to work (and receive pag	yment for work) outside of term time? Ye	es	No	
Please note due to the timeline of the recruitment process we are unable to accept students who will need to apply for a visa to attend the programme. Students with existing UK visas that do not restrict them from working outside of term time are eligible for this programme. Students who have settled stat or 'right to work' status that does not prevent them from working outside of term time are eligible for this programme. British citizens and UK Home Studer are eligible for this programme. Evidence of your 'right to work' and/or visa/passport will be requested during the recruitment process.						
What is your ethnic background or ancestry? (Please select all that ap						
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

Give the name, address (<u>including e-mail address</u>) and telephone number of an academic referee, preferably your academic tutor. They will be contacted if your application is shortlisted.
Name:
Address:
Tel:
Email:

Monitoring

Where did you first hear about studentship opportunities at the MRC Laboratory of Medical Sciences?

Education and Qualifications

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University Education: please give name and location of university, type of degree, and details of topics studied					
Degree (e.g. BSc Biology)					
University					
Year of Course e.g. 2 nd year of a 3-year course = 2/3Year of Graduation:					

Prizes and Other Outstanding Achievements

Year	Name/Details		
Have you previously been awarded a Nuffield undergraduate research bursary or other vacation scholarship?			

Work Experience

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 Interests and Skills

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 work contribute directly to your degree? (eg. is this part of your final project; will you rece mark which will contribute to your degree from this project?)	ive a Yes No			
If Yes, please 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		