**FUTURENEURO PILOT UNDERGRADUATE**

**RESEARCH SUMMER STUDENTSHIP AWARD**

**APPLICATION FORM**

**Key Dates and Times**

**Application Closing Date: 17:00 on April 26th 2018**

Programme Start Date: June 6th 2018

Programme Finish Date: July 27th 2018

Research Output Date: September 30th 2018

**Please submit the following:**

* **a pdf copy of Application Form (remove 1st instruction page)**
* **1 page C.V.**

**To** **karinacarey@rcsi.ie**

**By 17:00 April 26th 2018. NO EXCEPTIONS.**

**In Email Subject line, include:**

**Student Award, (Your name), (Your Selected Project No).**

**FUTURENEURO PILOT SUMMER STUDENTSHIP**

**APPLICATION FORM 2018**

**Your Selected Project (see the attached list of FutureNeuro projects.)**

Project No and Title:

**Your personal details:**

Name:

Address:

Telephone:

Email:

**Your academic details:**

Institution:

Faculty:

Degree:

Current year of study:

Student number:

Examination Results:

|  |
| --- |
| Year 1 |
| Subjects |  |
| Results |  |

|  |
| --- |
| Year 2 |
| Subjects |  |
| Results |  |

|  |
| --- |
| Year 3 (if applicable) |
| Subjects |  |
| Results |  |

**Reason for project selection (max 150 words)**

**Motivation for participating in FutureNeuro Summer Studentship Programme (max 300 words)**

**What are your career goals? (max 200 words)**

**Your assurances:**

I undertake and accept the following criteria:

1. I shall develop and submit an application for PhD research funding to a national (e.g. IRC) or international body (e.g. Wellcome Trust) based on my research.
2. I shall submit, to FutureNeuro, an abstract and poster of my work by September 28th 2018.
3. I shall submit an abstract of my research for presentation at the RCSI Research Day (2019).
4. I shall acknowledge the financial support received through this programme in all research communications resulting from the project.
5. Where relevant, I shall forward to The Royal College of Surgeons in Ireland, copies of all publications at the time of publication.

**Student’s signature:**

**Supervisor’s signature:**

**(Supervisors may be contacted for Reference)**

**Date:**