

ANNOUNCING THE

Dermot Costello Cancer Immunology Fellowship



AT



SUPPORTED BY



Dermot Costello Cancer Immunology Fellowship at UCC.

Declaration Form

Proposal Title

Lead Applicant Name

I declare that I have read and understand the Instructions to Applicant and Fellowship Details document and I agree to submit this proposal to the Dermot Costello Cancer Immunology Fellowship assessment process. I confirm, to the best of my knowledge, the following:

- The information provided in my proposal is my own work and is a true and fair reflection of my proposed research
- I have read and understood the BCR Terms and Conditions of Research Grants
- The information provided is correct.

Name (BLOCK CAPITALS): _____

Signature: _____ Date: _____