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| **Supervisor Form**  **Breakthrough Cancer Summer Student Research Scholarship** |
| **To the Applicant:** Please complete Section A below and send the form to your proposed Supervisor.  **To the Proposed Supervisor:** Please complete this form and return to [research@breakcancer.ie](mailto:research@breakcancer.ie) with the applicant’s name included in the file name and in the subject line of the email.  The completed form must be received by [research@breakcancer.ie](mailto:research@breakcancer.ie) by **17:00 (GMT) 25th February 2021.**  **Incomplete scholarship applications (i.e. without a complete application form, a supervisor form and two completed reference forms) will not be assessed.** |
| **Section A *(to be completed by the Applicant)*** |
| Name: |
| Contact Address: |
| Email Address: |
| **Section B *(to be completed by the Proposed Supervisor)*** |
| Title and Name of Supervisor 1: |
| Email Address: |
| School & College: |
| Orchid Number: |
| 1. Did you **assist in the preparation of the research proposal** by the applicant?   **Yes** ❑ **No** ❑   1. Do you **agree to supervise** the applicant for the duration of **the Breakthrough Cancer Research Summer Student Research Scholarship** award?   **Yes** ❑ **No** ❑ |
| 1. **Supervisors of the Breakthrough Cancer Research Summer Student Research Scholars must;** 2. Be eligible to be a primary supervisor at the proposed host Irish University as set out by the University where the applicant will be registered. 3. Have applied for external funding (for PhD students or generally) in the previous two years **and** 4. Have a record of successful student supervision or be in the process of supervising and/or have availed of training on research supervision.   Are you eligible **Yes** ❑ **No**❑ |

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| *Tick (*🗸*) as appropriate*   1. **What is your relationship with the Applicant?**   Academic – Lecturer/Mentor/Advisor  Employer  Other  If Other, please describe:………………………………………………………………………………..   1. **How well do you know the Applicant?**   Very well  Reasonably well  Not very well   1. **How long do you know the Applicant?**   More than 3 years  Between 2-3 years  Between 1-2 years  <1 year   1. If the Applicant’s **first language** is not English, please comment on his/her proficiency in the language:…………………………………………………………………………………………………… |
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**Evaluation of Applicant** – in comparison with similar candidates with whom you have interacted. Tick (🗸) as appropriate and add brief justification for ranking.

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|  | Outstanding | Excellent | Very Good | Good | Average | Brief Justification |
| Intellectual Ability |  |  |  |  |  |  |
| Academic / entrepreneurial Initiative |  |  |  |  |  |  |
| Research Capability |  |  |  |  |  |  |
| Analytical Capability |  |  |  |  |  |  |
| Research Motivation |  |  |  |  |  |  |
| Project / Teamwork |  |  |  |  |  |  |
| Ambition |  |  |  |  |  |  |
| Written / Oral Communication |  |  |  |  |  |  |

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| **Statement on the Applicant’s research potential** with specific reference to recent knowledge of the Applicant’s work and any particular supports the Applicant may require: | |
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| Signed: | Date: |

Supervisor to email the completed form to [research@breakcancer.ie](mailto:research@breakcancer.ie) by **17:00 (GMT) 25th February 2021.**

The Breakthrough Cancer Research Reviewers, assessing the applications, will have access to the personal details pertaining to you in the Academic Reference Form, in addition to any information you include in the reference form. Applicants are instructed by Scholar to gain the consent of any proposed referee before adding them to an application.

Please submit the completed form to research@breakcancer.ie before **17:00 (GMT) 25th February 2021.**

***How to submit the Academic Reference Form***

***Referee:***

Email the form (either as a Word document or in PDF format) as an attachment with the **applicant’s full name in the subject line**. See example below:  
  
