**Application Form**

**Musgrave Cancer Research PhD Scholarship in Partnership with Breakthrough Cancer Research**

The closing date for receipt of applications is **17:00 (GMT) 31st March 2021**

For information on the Research Scholarships and the application process, please visit [our website](https://www.breakthroughcancerresearch.ie/research/).

**1. Applicant Details**

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| --- | --- | --- | --- |
| Title Mr/Miss/Other (specify) | Last Name  | First Name | Middle Name(s) |
|       |       |       |       |
| Date of birth (DD/MM/YY) | Gender (M/F) | Nationality (i.e. your passport-issuing country) | Place of Birth |
|       |       |       |  |
| Permanent Address | Address for correspondence (if different) |
| ………………………………………………………………………………………………………………………………………………………………………Postcode…………………………………………….Country………………………………………………Telephone Number ………………………………..Mobile Number……………………………………. | ………………………………………………………………………………………………………………………………………………………………………Postcode…………………………………………….Country………………………………………………Telephone Number ………………………………..Mobile Number……………………………………. |
| Email: …………………………………………………………………………………………………………. |

**2. Current Study (if applicable)**

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| --- | --- | --- | --- | --- |
| Degree | Major Subject | Expected Completion Date | Institution Name | Student No. |
|       |       |       |  |  |

**b. Please give details of your degree to date (insert more rows if necessary)**

|  |  |  |  |
| --- | --- | --- | --- |
| Degree | Major Subject | Minor Subjects | Results |
| Year 3 |       |       |  |
| Year 2 |  |  |  |
| Year 1 |  |  |  |

1. **Other qualifications received**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Qualification | Major Subject | Completion Date | Result | Institution Name | Student No. |
|            |       |       |       |       |       |
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1. **Academic Awards or Scholarships received**

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| Award/Scholarship | Year | Institution Name |
|            |       |       |
|       |       |       |
|       |       |       |

1. **Personal Research Statement (max 1000 words).** Please (i) give details of your research experience,

(ii) indicate your motivation for pursuing a PhD on this research topic, (iii) your interest in and suitability for a cancer research scholarship. and (iv) why you are particularly suited to this research programme.

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**5.****Research project (max 2000 words):** Please describe your;

(i) research question, (ii) aims and objective, (iii) how this project aligns with Breakthrough Cancer Research’s current research priorities, (iv) relationship of the project to existing research, (v) theoretical/conceptual framework, (vi) methodology and (vii) research plan.  Please also (viii) indicate your motivation for pursuing a PhD on this research topic and (ix) your reasons for choosing this supervisor.

**5.b. References.** Please give a maximum of 5 references using the Harvard referencing style)

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**6**. **Research Project Budget.**

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| --- | --- | --- | --- |
|  | **Year 1** | **Year 2** | **Year 3** |
| 1. **Personnel Costs**
 |  |  |  |
| 1. Student Stipend
 |  |  |  |
| 1. Student Fees
 |  |  |  |
|  |  |  |  |
| 1. **Running Costs/Consumables**
 |  |  |  |
| Project Consumables  |  |  |  |
|  |  |  |  |
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| 1. **Travel Costs**
 |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **TOTAL PERSONNEL COSTS** |  |  |  |
| **TOTAL RUNNING COSTS** |  |  |  |
| **TOTAL TRAVEL COSTS** |  |  |  |
| **TOTAL COST** |  |  |  |

1. **Other Relevant Information (max 200 words).**

1. **Proposed PhD Supervisor at relevant Irish University**

*Applicants* ***must*** *nominate one lead supervisor. You also have the option of nominating a co- supervisor also. Applicants must forward the ‘****Musgrave Cancer Research PhD Supervisor Form****’ to the proposed supervisor(s) for completion.*

1. Have you contacted this supervisor to discuss your PhD research plans?

**Yes** [ ]  **No** [ ]

1. We require a completed Supervisor form*.*
2. Download the Supervisor form available on our website.
3. Fill out Section A in the Supervisor form and provide this to your proposed supervisor.
4. The proposed supervisor should then complete Section B of the Supervisor form and submit to research@breakcancer.ie, to be received by **17:00 (GMT) 31st March 2021.**
5. Please provide the name and contact details for the proposed supervisor below.
6. Lead Supervisor Name:
7. Position:
8. Email:
9. Telephone
10. Co-Supervisor Name:
11. Position:
12. Email:
13. Telephone
14. **Academic References**

We require two references that indicate your academic suitability and potential to undertake postgraduate research in Cancer Research in an Irish University. ***References from any proposed supervisors will not be accepted.***

1. Please provide the names and contact details for each of your referees below.
2. Please gain the consent of any proposed referee before nominating.
3. Download the Academic Reference Form available on our website.
4. Fill out Section A in two copies of the Academic Reference Form and provide these to your referees.
5. Each of your referees should then complete Section B of the Academic Reference Form and submit to research@breakcancer.ie, to be received by **17:00 (GMT) 31st March 2021.**
6. Referee 1 Name:
7. Position:
8. Email:
9. Telephone
10. Referee 2 Name:
11. Position:
12. Email:
13. Telephone
14. **How did you hear first about the Musgrave Cancer Research PhD Scholarship?**

[ ]  Breakthrough Cancer Research Website [ ]  Breakthrough Cancer Research Social Media

[ ]  Word of mouth [ ]  IACR website [ ]  www.findaphd.com

[ ]  Musgrave Social media [ ]  Other - please provide details

 *Please note that it is* ***your responsibility*** *to ensure that the proposed supervisor submits the completed ‘****Musgrave PhD Supervisor Form’******and*** *that referees submit the completed ‘****Academic Reference Forms’***  *to* *research@breakcancer.ie* *by* **17:00 (GMT)** **31st March 2021.**

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**Incomplete applications will not be assessed.**

1. **Please insert your CV (max 2 pages)**
2. **Declaration**

Please type your name in the box below to indicate that the information you have provided is true to the best of your knowledge. You may be asked to sign the form if selected to attend for interview.

|  |  |
| --- | --- |
| **Applicant’s Signature** | **Date** |
|       |       |

**How to submit your Application Form**

1. Save the application form in **PDF format**, with your **full name included in the filename**. See example below:


2. Email the application form as an attachment with **your full name in the subject line** to research@breakcancer.ieby **17:00 (GMT) 31st March 2021.** See example below:


3. **English Language Requirements:** All applicants, whose first language is not English, must present one of the following qualifications in the English language.

|  |  |  |  |
| --- | --- | --- | --- |
| **Subject** | **IELTS** | **TOEFL** | **Pearson PTE** |
| Arts/Business/Law (No less than 5.5 in any component) | 6.5 | 88 | 61 |
| Medicine (No less than 6.5 in any component) | 6.5 | 88 | 61 |
| Science / Engineering (No less than 5.5 in any component) | 6.5 | 88 | 61 |

Language tests must be undertaken no more than two years prior to commencement of your programme at the University.

**Please note that you may be asked to provide transcripts of your academic record and TOEFL should you progress to the later stages of the selection process.**