PhD Studentship Application Form 2019

PLEASE READ

Before applying please check that you are eligible for your chosen studentship (see individual project details for full information). Ineligible applications will be rejected automatically.

How to complete the form

1. You must complete all parts of this form in full.

The form has been created in Microsoft Word and uses form filling technology.

- To move between the boxes use the tab key.
- To create additional lines in a field press 'enter' whilst still in the field.
- Text will wrap and boxes expand automatically.
- 2. On the first page enter the reference number of the project that you applying for. The reference number can be found in the project details.
- **3.** Save this form with the file name *Surname_Forename_Pirbright_2019.docx* [eg "Smith_John_Pirbright_2019.docx"].

Email completed form to studentship@pirbright.ac.uk. Or post to:

Mrs Yvonne Walsh The Pirbright Institute Ash Road Pirbright Surrey GU24 0NF United Kingdom

4. Enquiries should be addressed to: studentship@pirbright.ac.uk.

Other essential documents

In addition to this application form ensure that your CV and references from two academic referees are sent to this office in support of your application.

PROJECT PREFERENCES

Please indicate the reference number of the project that you are applying for

PERSONAL DETAILS

Title	Surname	Forename(s)	Date of Birth
Address:			
Town		County	
Country		Post Code	
Address for	correspondence if different from	above:	
Town		County	
Country		Post Code	
Telephone:	Daytime -	Telephone: Evening -	
Fax:		E-mail:	
Nationality			
What is you	r nationality?		
If you are no	ot an EU citizen, but either of you	ir parents or your spouse is, please	tick here
In which cou	untry are you living?		
the followinRighIndexExce		ntly resident in the UK, has the Hor	me Office granted you any o

If you are a national of the EU (including the UK) or have the right to live in an EU country but have lived outside the EU for any period in the last 5 years (other than holidays) please give details:

EDUCATION

Please give details of qualifications obtained since age 16 and those you expect to obtain before beginning the programme. If you have a non-UK qualification please state the full original title of the course (do not attempt to give the English equivalent).

Secondary/high school education

Name of Institution	Subject	Qualification (eg GCSE, A Level)	Result/ Grade	Date obtained

University/College education

-	Title/field of study	Qualification (eg BVet Med, BSc, MSc)	Summary of marks achieved so far*	Results obtained/ expected*	Date(s)

^{*}If you have not completed the course

Professional/other relevant qualifications

Title of qualification	Name of awarding body	Date(s)	Grade/level

PRESENT/LAST EMPLOYMENT (If applicable)

Job Title:		Salary: (£ e	quivalent)	p.a.
Name and address of employer:		Starting date: dd/mm/yyyy		
Town	County	Date appointed to present post or date promoted, if applicable:		2222
Country	Post Code	Period of notice (i.e. weeks/months) required by employer:		(i.e. weeks/months)
Brief details of main dutie	·s:			
PREVIOUS EMPLOYM Please list employers in or work, as well as periods of	der, most recent first. Yo	ou should incl	ude any tempora	ary, vacational or casual
Dates From To	Name and address of	employer	Post held and	details of main duties
PREVIOUS EXPERIENCE Please describe any previou	CE OF RESEARCH us experience of work in a r	research enviro	onment (up to 40	00 characters).
PERSONAL STATEMENTO help us in considering why you have applied for project and any other inform	your application, please gi a studentship with The Pir	bright Institut	e partnership, ex	

LANGUAGE

What is your first language?

If English is not your first language and you have taken an English language examination please give details

Date examination taken	Title (e.g. IELTS)	Score

SKILLS

Foreign languages (please indicate degree of	Other, eg scientific, computing, word processing		
fluency i.e. conversation, written, technical):	(please indicate level of proficiency):		

DRIVING LICENCE please select

IF YOU RETURN THIS FORM BY E-MAIL, YOU WILL BE REQUIRED TO SIGN BELOW UPON INVITATION TO INTERVIEW.

Declaration: I declare that the information given on all parts of this application form, and in any CV which may accompany it, is to the best of my knowledge, correct. I understand that giving any false information/omitting to give information will make my application unacceptable and if I am appointed, may lead to my dismissal.

I agree that, if I am appointed, the information may be used as part of the permanent personnel record of my employment under UK & EU Data Privacy Legislation.

Where your application is unsuccessful your data will be held for a maximum period of 6 months (for consideration of any other opportunities that you may be interested in) and then securely deleted. If you would prefer us not to retain these details please let us know.

Signature:	Date:
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