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| **barts_blue_large** | **Associate Student Application Form**  (An alternative application is available for the Non-medical/Dentistry subjects. Please contact us if you are unsure which application form to use) |

**Completing Your Application**

1. Read the instructions on the form carefully as you complete your application
2. Please type or complete the form using **black** ink
3. Please provide the documents in the checklist below
4. Please email the completed application form with a memo from the supervisor to.

*Barts Cancer Institute Teaching Centre, Joseph Rotblat Building, Charterhouse Square, London, EC1M 6BQ*

[*bci-cancercourses@qmul.ac.uk*](mailto:bci-cancercourses@qmul.ac.uk)

1. If you require assistance please contact us on Tel +44(0)20 7882 2081

**Document Checklist**

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|  | | | | | | | *Please tick if provided* |
| 1 – **Completed Application Form\*** | | | | | | |  |
| 2 – **Transcript**  Please provide a transcript of your degree(s). If you have not yet completed your degree please provide a transcript of results achieved to date  *if applicable* | | | | | | |  |
| 3 – **Two References**  Please provide two references from your previous academic institution. If you have left university it is acceptable to provide one academic and one employer reference. Please enclose the reference letters with this application. | | | | | | |  |
| 4 – **Proof of English Language Ability**  Overseas applicants please provide evidence of English language ability – IELTS, TOEFL, or other acceptable proof – please see [www.qmul.ac.uk/international](http://www.qmul.ac.uk/international) for details  **OR**  If you have not taken an English language test, or have taken the test but you are awaiting results please tick here | | | | | | |  |
| 5 – **Resume/Curriculum Vitae (CV)\***  Please provide a recent resume | | | | | | |  |
| 6 – **Statement of Purpose**  Your statement of purpose should explain why you want to study your proposed course and how it will help your life and career. This should be one side of A4  **7. – Memo from Supervisor \***  \*must be provided | | | | | | |  |
| **Personal details** | | | | | | | |
| **Gender:** Male  Female | **Date of birth** (dd:mm:year): |  |  |  | **Nationality:** |  | |

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| *Please tick appropriate title* | Dr | Mr | Mrs | Ms | Other: |  |

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| **Given Name:** |  | **Family Name:** |  |

***Please provide your name as on your passport***

If the name which appears on your official documents e.g. transcripts is different to that given above enter your former name in the boxes provided below. You will be required to produce documents authenticating any change of name.

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| **Former given Name:** |  | **Former family name:** |  |

Note: correspondence will be sent to your correspondence address. You **must** inform us every time your address changes.

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| **Permanent home address** | **Address for correspondence** |
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| **Postcode:** | **Postcode:** |
| **Telephone Number:** | **Telephone Number:** |
| **Fax Number:** | **Fax Number:** |

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| Email | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**You must** provide a **personal** active email address, this is essential for you to be kept informed about your application.

**Course details** – if you wish, you may apply for 2 taught programmes or 1 taught and 1 research programme.

NOTE: If offered places on both, you may only accept one and must decline the other.

**Study by research**

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| **Programme of study** | **Name of supervisor** | **Department** | **Duration** | **FT/PT** | ***Please select Programme Code*** |
| Associate Studentship |  | Cancer |  |  | Please delete:  W3EU - Undergraduate  W3EP - Postgraduate Taught  W3ER - Postgraduate Research |

**Associate Postgraduate Taught programme**

*Select which modules you would like to apply for and indicate the year of study and if you will attend onsite or by Distance Learning*

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| **Module name** | **Module code** | **Semester** | **Year** | **Onsite / Distance Learning** | **Select** |
| **Cancer Biology** | **CANM902** | **1** |  |  |  |
| **Research Lab Skills** | **CANM938** | **1** |  |  |  |
| **Research Methods** | **CANM937** | **1** |  |  |  |
| **Cancer Pharmacology** | **CANM903** | **1** |  |  |  |
| **Pathology of Cancer** | **CANM909** | **1** |  |  |  |
| **Basic Pathology** | **CANM915** | **1** |  |  |  |
| **Ablative Therapy** | **CANM905** | **2** |  |  |  |
| **Cancer Prevention and Screening** | **CANM912** | **2** |  |  |  |
| **Biological Therapies** | **CANM907** | **2** |  |  |  |
| **Drug Development** | **CANM906** | **2** |  |  |  |
| **Genomic Approached to Cancer** | **CANM940** | **2** |  |  |  |
| **Imaging** | **CANM908** | **2** |  |  |  |
| **Introduction to Bioinformatics** | **CANM923** | **2** |  |  |  |
| **Molecular Diagnostic and Therapeutics** | **CANM921** | **2** |  |  |  |
| **Molecular Pathology and Solid Tumours** | **CANM924** | **2** |  |  |  |

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| **Module name** | **Module code** | **Semester** | **Year** | **Onsite / Distance Learning** | **Select** |
| **Molecular Targeted Therapies and Immunotherapy for Blood Cancers** | **CANM935** | **2** |  |  |  |
| **Paediatric and Adolescent Oncology** | **CANM911** | **2** |  |  |  |
| **Site Specific Tumour Treatment** | **CANM904** | **2** |  |  |  |

**Previous education**

Please provide details of your educational history, stating your most recent institution first. Continue on a separate sheet if necessary.

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| **Title (eg BA, BSc, MBBS)** | **Main field of study** | **Name and location of institution(s) attended** | **Dates of study (from-to)** | **Results** | **Date of Qualification** |
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**Professional Qualifications (if applicable)**

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| **Title (eg MRCP, FDS etc) and result achieved** | **Level and field of study** | **Name, Address & Country of Institution(s) attended** | **Dates of study**  **From - To** | **Date of qualification** |
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**English Language Proficiency**

Please give information regarding the level of your English language proficiency. Continue on a separate sheet if necessary.

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| **Title of Qualification**  (eg IELTS, TOEFL etc) | **Name and location of institution/test centre attended** | **Result** | **Date awarded/to be awarded** |
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The School normally requires an overall score of at least 6.5 IELTS or TOEFL 580, however some programmes require a higher minimum score and applicants are advised to consult the prospectus or contact the relevant Institute/Centre for further details <http://www.qmul.ac.uk/international/foundation/index.html>.

**Employment History**

If you have been in paid or voluntary employment, either during your studies or since graduating from university, please provide details including a brief description of your main duties and responsibilities. Please continue on a separate sheet if necessary.

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| **Job Title** | **Employer’s Name and Location** | **Dates**  **From – to** | **Brief description of main duties and responsibilities** |
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**Finance**

We need detailed information about your areas of residence over the past four years to assist us in assessing your status for the purpose of paying fees.

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| **Area of permanent residence** |  | **Country of Birth** |  |

If you are **not** a British citizen but you do reside permanently in the United Kingdom, please give details of your immigration status, for example, asylum seeker, recognised refugee, granted exceptional leave to enter or remain etc. Please attach certified copies of relevant Home Office documents

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How do you intend to finance your studies at Queen Mary?

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Please give details of any scholarships or grants you are applying for or have already secured:

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**Disability**

All applications are considered on academic merit in accordance with the College’s commitment to promoting equal opportunity applicants. It would assist us in offering you appropriate advice if you would give brief details of any disability or special requirements you have provided below:

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A detailed guide outlining current policy and provision for student’s with special needs is available from the Disability Co-ordinator, Admissions Office or the College Web site. Please contact us if you would like a copy.

If you would like to discuss your needs before submitting this application, you can talk in confidence to the Disability Coordinator on +44 (0)20 7882 3132.

**Hepatitis B**

All clinical students must provide, with their declaration of health, an original or certified copy of an authentic laboratory report from a United Kingdom source depicting either their level of Hepatitis B antibody or results confirming that they are not infectious carriers of the disease Hepatitis B. All students will be screened by the Occupational Health Officer if their application is accepted. Evidence of immunity to Rubella and TB may be required by certain departments.

**Previous Queen Mary Students**

Have you **previously** attended any course of study (undergraduate, postgraduate or associate/occasional) at Queen Mary? If yes, please give details

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**Declaration**

All applicants must read and sign the following declaration:

* I certify that the statements made by me on this form are correct. I understand that the College reserves the right to withdraw any offer it may make, should any statement in this application prove to be false.
* I confirm that, if admitted to the College, I will conform to all College Regulations.
* I understand that the College reserves the right to withdraw or alter any course at any point before the start of the academic year in which that course is due to be offered.

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Optional Questions** (These questions are for internal marketing purposes and will not be considered when assessing your application.)

**How did you first hear about Queen Mary?**

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**Which other institutions have you applied to?**

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