|  |
| --- |
| **Please enclose a copy of your C.V.** but no other additional material. If you would like an acknowledgement of your application, please email to the PGR Student Experience Team, pgrstudentships@liverpool.ac.uk Send the completed form by email to pgrstudentships@liverpool.ac.uk no later than **4.30pm on Friday 16th February 2024.**  |
|  |

**SECTION A.** This section should be completed by the student applying for the internship

|  |  |
| --- | --- |
| **Q1** | **DETAILS OF STUDENT** |
| (a) | Title: |       | First name and middle initials:  |       | Surname: |       |
|  |  |  |
| (b) | E-mail address: |       |
|  |  |  |
| (c) | Student ID number |       |
|  |  |  |  |  |
| (d) | Type and title of degree:(E.G. BSc Chemistry, MEng etc.) |       |
|  |  |  |
| (e) | Date degree course commenced: |       |
|  |  |  |
| (f) | Year of course: (e.g. 2nd year of a 3 year course = 2/3) |       |
|  |  |  |
| (g) | Summary of university courses taken and completed: (with results) |
|  |       |
|  |  |  |
| **Q2** | **Length of project:** (max 10 weeks) |       | **Proposed starting date:** |       |
|  |  |  |
| **Q3** | **Have you applied for a Vacation Internship/Scholarship before? If yes, please provide details:** |
|  |       |
|  |  |  |
| **Q4** | **Have you applied elsewhere for a vacation research period this year? If yes, to which organisation and when will you hear the result?**  |
|  |       |
| **Q5** | **Please provide a short statement indicating your motivation to undertake the project and what you are likely to gain from it.** |
|  |       |

Please ensure that you provide a copy of your C.V. including your recent degree course grades with this application. The application should be passed on to the Project Supervisor to complete. You must allow sufficient time for them to complete it before the deadline. The application should be submitted by you on or before the deadline of **4.30pm on Friday 16th February 2024** by email to pgrstudentships@liverpool.ac.uk*.*

**SECTION B.** This section should be completed by the Project Supervisor

|  |  |
| --- | --- |
| **Q6** | **DETAILS OF PROJECT SUPERVISOR AT THE UNIVERSITY OF LIVERPOOL** |
| (a) | Title: |       | Surname: |       | First name and middle initials: |       |
|  |  |  |
| (b) | Title of current post: |       |
|  |  |  |  |  |
| (c) | Department name: |       |
|  |  |  |
|  | Telephone and Email: |       |
|  |  |  |
| (d) | Have you supervised Vacation Scholarships before? If yes, please provide names: |
|  |  |  |  |  |
| **Q7** | **RESEARCH PROJECT** |
| (a) | Title of project: (no more than 220 characters) |
|  |  |
|  |       |
|  |  |
| (b) | Description of the proposed project (no more than 700 words) outlining:  |
|  | i) Background to the project;ii) Aims and objectives. Any key hypotheses to be tested or questions to be asked. What you hope to achieve during the period of research;iii) Methods experimental design and methods;iv) Brief outline of a timetable of work.***Please note that continuation of undergraduate projects will not be considered.*** |
|  |       |

|  |  |
| --- | --- |
| **Q8** | **What techniques/training will the scholarship provide?** (no more than 150 words) |
|       |

|  |  |
| --- | --- |
| **Q9** | **How does this research relate to work being carried out in the supervisor’s laboratory?** (no more than 100 words) |
|       |

|  |  |
| --- | --- |
| **Q10** | **Please provide a short statement outlining the arrangements that will be put in place to supervise the student** (no more than 200 words) |
|  |
|       |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |       |
|  |  |
| Name (if not project supervisor): |       |

**Academic Reference**

|  |  |
| --- | --- |
| **Q11** | **Please provide a short statement outlining the merits of the student** (no more than 200 words): |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| (a) | Student First name and middle initials:  |       | Surname: |       |

|  |  |  |
| --- | --- | --- |
| (b) | Student ID number |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Referee’s Signature: |  | Date: |       |
|  |  |
| Name (if not project supervisor): |       |

This can be submitted separately by the referee by email to pgrstudentships@liverpool.ac.uk

**SECTION C.** This section should be signed off by all signatories prior to submission of the application and by the deadline of **4.30pm on Friday 16th February 2024**.

**UNDERTAKINGS**

|  |  |
| --- | --- |
| 1. | To the best of my knowledge, the information provided in this application is accurate and complete. |
|  |
| 2. | I agree to the conditions of the vacation internship if awarded and am aware that the details may be published |
|  |
| 3. | I confirm that the necessary facilities will be made available to conduct this research, and will continue to be available for the duration of the EPSRC vacation internship award. |
|  |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature of Student** |  | **Date:** |  |
|  |  |  |  |
| **Signature of Supervisor** |  | **Date:** |  |
|  |  |  |  |
| **Signature of Head of Department** |  | **Date:** |  |

**For Institution use only:**

|  |  |
| --- | --- |
| **Date application received** |  |
| **Awarded** | **Yes No** |