

## ACP STUDENT RESEARCH AWARD 2011-2012

<b>Name:</b>		
<b>Address:</b>		
<b>Interest in laboratory medicine &amp; reason for choosing this project (400 words). Please attach a copy of your CV</b>		
<b>E mail:</b>		
<b>Telephone no:</b>		<b>Fax no:</b>
<b>Type of grant</b>	<b>Small project</b> (Limited to £1000 for costs of study/project only)	
	<b>BSc/BMedSci/Other</b> Please specify  (Up to £5000 for living expenses)	
<b>Travelling expenses</b>	<b>Breakdown:</b> (please provide as accurate a figure as possible)  <b>Sub total</b>	
<b>Living expenses</b>	Accommodation  Food  Commuting expenses  <b>Sub total</b>	
<b>Study expenses</b>	Tuition  Books  Bench fees  Consumables  <b>Sub total</b>  <b>The Association does not normally fund the purchase of equipment</b>	

<b>Total funding required</b>	
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<b>Please provide details of any other funding sources and the amount forthcoming</b>	
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<b>Total required from the ACP</b>	
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<b>Details of the study/ development to be undertaken/training programme: (attach details or continue on further page if necessary)</b>	<p><i>Title</i></p> <p><i>Hypothesis</i></p> <p><i>Brief outline of experimental design</i></p> <p><i>Likely outcome</i></p> <p><i>References</i></p>
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<b>Contact name and address of host department</b>	
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<b>Reasons for choosing this host department and the subject to be undertaken</b>	
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<p><b>Anticipated benefit to career and to clinical service: (attach details or continue on further page if necessary)</b></p>	
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Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Countersignature of supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Are you a member of council or The Postgraduate Education Committee

Are you aware of any similar grant made to your institution in the past 5 years

If so, please provide details of the most recent

Student

Supervisor

Title

**Check list**

**CV**

**Letter of support from supervisor**

Is your supervisor a member of the ACP    Yes                       No