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| **First name** | Click here to enter text. |
| **Surname (last name)** | Click here to enter text. |
| **Email address** | Click or tap here to enter text. |
| **Contact number** | Click here to enter text. |
| **Gender** | Choose an item. |
| **EU/non-EU** | Choose an item. |
| **Undergraduate degree and**  **major(s)** | Click here to enter text. |
| Awarding university/college | Click here to enter text. |
| Final grade | Choose an item. |
| If other, please specify | Click here to enter text. |
| Rank in class (if known) | Choose an item. |
| **Highest degree achieved** | Choose an item. |
| If other, please specify | Click here to enter text. |
| Year degree was completed | Choose an item. |
| Awarding university/college | Click here to enter text. |
| Final grade | Choose an item. |
| If other, please specify | Click here to enter text. |
| **Proposed RCSI Research Area** | Choose an item. |
| **Name of proposed supervisor** | Click here to enter text. |
| Supervisor affiliation to RCSI | Click here to enter text. |
| Supervisor email address | Click here to enter text. |
| Supervisor contact number | Click here to enter text. |
| Number of MD students supervised by this supervisor | Choose an item. |
| Number of PhD students supervised by this supervisor | Choose an item. |
| Number of MSc/MCh students supervised by this supervisor | Choose an item. |
| **Name of proposed 2nd supervisor** | Click here to enter text. |
| Supervisor affiliation to RCSI | Click here to enter text. |
| Supervisor email address | Click here to enter text. |
| Supervisor contact number | Click here to enter text. |
| Number of MD students supervised by this supervisor | Choose an item. |
| Number of PhD students supervised by this supervisor | Choose an item. |
| Number of MSc/MCh students supervised by this supervisor | Choose an item. |
| **Referee 1 name** | Click here to enter text. |
| **Referee 1 email** | Click here to enter text. |
| **Referee 2 name** | Click here to enter text. |
| **Referee 2 email** | Click here to enter text. |
| **How did you hear about us?** | Choose an item. |
| **If other, please specify** | Click here to enter text. |

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| **Please indicate which hospital you would prefer:**  **UPMC Whitfield Hospital Waterford □**  **Sports Surgery Clinic, Dublin □**  **Title of your StAR MD Project:**  **Research abstract** (please outline your proposed StAR MD project, 500 words maximum) |

Please complete this form and save in PDF format.

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All applications must be emailed to [StARmd@rcsi.ie](mailto:StARmd@rcsi.ie) and include:

* This application form saved in PDF format
* CV (max. 2 pages)
* Cover letter (including your research achievements to date and reasons for applying to the StAR MD Programme)