|  |  |
| --- | --- |
| **First Name** | Click here to enter text. |
| **Surname (Family 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. |
| **Please confirm choice of collaborating hospital, rank 1-3.**  (if you are not successful in obtaining an interview in your first choice hospital, your application will automatically be sent to your next choice) | 1.Click or tap here to enter text. |
| 2.Click or tap here to enter text. |
| 3. Click or tap here to enter text. |
| **Proposed RCSI Research Area** | Choose an item. |
| **Project Title** | Click or tap here to enter text. |
| **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 2o 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 advert** | Click here to enter text. |

|  |
| --- |
| **Research Abstract (**Please outline your proposed StAR MD project, 500 words maximum) |

Please complete this form and save in PDF format.

Please use the following file name format: StARmd2022\_<**FullName**>.pdf.

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)