

**APPLICATION FOR ADMISSION
(TAUGHT PROGRAMMES)**



Applicants are advised to **read the Guidance Notes** before completing this form and use BLACK INK, BLOCK CAPITALS and TICK BOXES as appropriate.

Please attach two passport sized photographs to your application form.

A. AWARD APPLYING FOR

<input type="checkbox"/> PG Cert (60 Credits)	<input type="checkbox"/> PG Dip (120 Credits)	<input type="checkbox"/> MSc (180 Credits)	
Proposed Start Date:	<input type="checkbox"/> Sept/Oct	Year:	<input type="checkbox"/> Feb/March
<i>Academic Clinical Fellows only</i> Which module are you applying for?	<input type="checkbox"/> Research Methodology <input type="checkbox"/> Other (please state)		

B. PERSONAL DETAILS

Your personal contact details may be used by the Registry when the need to contact you arises, including being disclosed to other appropriate ICR staff.

Surname (Family Name)			
First Name(s)			
Title	<input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other		
Date of Birth		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Nationality*		Domicile (<i>this is the country of your permanent/home address prior to entry to the course</i>)	
* If British, please indicate country of permanent / home address prior to entry of the programme of study (This is not necessarily your correspondence address)	<input type="checkbox"/> England <input type="checkbox"/> Wales <input type="checkbox"/> Scotland <input type="checkbox"/> N. Ireland	Do you hold a British passport?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you are not British, have you lived in the UK for more than three years other than for study purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have indefinite leave to remain in the UK?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you always lived in the UK?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
If 'No', please list the countries you have lived in and the dates you resided there	<i>Country</i>		<i>Dates Resident</i>
Telephone (<i>home</i>)			
Telephone (<i>mobile</i>)			
<i>Text messages may be sent by Registry/MSc team to mobile numbers provided for urgent notices, e.g. lecture cancellations. Please contact the MSc team should you wish to opt out of this.</i>			
Email Address (<i>personal</i>)			
Email Address (<i>work</i>)			
Zoom Email			

Permanent Address <i>(please include postcode)</i>	Postcode.....	How long have you lived at this address? Years: _____ Months: _____
Correspondence Address <i>(please include postcode)</i>	Postcode.....	How long have you lived at this address? Years: _____ Months: _____

C. EMPLOYMENT HISTORY

Please submit your current CV, which should include details of any journal articles you have had published

D. CURRENT WORK / EMPLOYMENT DETAILS

Current Position		
Hospital <i>(inc address)</i>		
Which Deanery is the hospital covered by?		
Educational Supervisor		
Educational Supervisor's Email		
Are you currently registered as a Clinical or Medical Oncologist?	<input type="checkbox"/> Clinical Oncologist <input type="checkbox"/> Medical Oncologist <input type="checkbox"/> Other: please state	
How long have you been in your current post?	Years:	Months:
Work Bleeper Number:		
Email Address:		
Dates when work address is valid:	From:	To:

E. OTHER INFORMATION

National Training Number: <i>(Clinically qualified applicants in NHS Deanery Training)</i>	
UK General Medical Council Registration Number: <i>(Clinically qualified applicants only)</i>	

Please continue...

International Registration:
(Please state which country you are currently registered in)

F. EDUCATIONAL AND PROFESSIONAL QUALIFICATIONS

Have you previously studied at a UK Higher Education Institution for six months or more?

Yes

No

Please state your last 2 highest **educational** qualifications. Please do not include honorary Masters Degrees (e.g. MA (Cantab), MA (Oxon))

Name of College / University / Awarding Body (state country if outside UK)	Start date (Month / Year)	End Date (Month / Year)	Result / Grade	Title of Award

Please state your highest **professional** qualifications (e.g. FRCR, MRCP examinations).

Name of Awarding Body (state country if outside UK)	Start date (Month / Year)	End Date (Month / Year)	Result / Grade	Title of Award

G. PERSONAL STATEMENT

Please state your reasons for applying for this course

Please continue...

H. ENGLISH LANGUAGE	
Is English your first language?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'No', please give details of your English Language Test results:	
English Language Test type	<input type="checkbox"/> IELTS <input type="checkbox"/> TOEFL <input type="checkbox"/> PLAB Test <input type="checkbox"/> Other:
Result(s)	
Date Obtained	
<i>Please Note: You must include a copy of your English Language Test certificate with your application</i>	

NB: Candidates must obtain IELTS score of 7, with a minimum of 6 in any one component, or a TOEFL score of 100 (internet based) with 24/30 in the reading and writing subtexts and 23/30 in the listening and speaking subtexts.

I. ACCREDITATION OF PRIOR LEARNING				
Do you wish to apply for Prior Learning Credits?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
If 'Yes', please provide details of the learning you wish to accredit:				
Supporting evidence will be required to be submitted; (e.g. Results from previous academic courses)				
<input type="checkbox"/> FRCR Part 1		<input type="checkbox"/> FRCR Part II		<input type="checkbox"/> RCR <input type="checkbox"/> Other:
<input type="checkbox"/> PhD – If 'Yes', please tell us what your research was in and how you think it relates to the modules taught in the MSc. Please also submit a brief summary of your PhD project.				
<i>Please give further details of your prior learning (supplementary information should be attached)</i>				
Institution	Start date (Month / Year)	End Date (Month / Year)	Prior Learning (i.e. course/module)	Result

J. FUNDING PAYMENT OF FEES	
Please indicate who will be paying your MSc Course fees: <i>(NB: Students are required to pay the fees in full at registration. You will be sent an invoice to claim back your training money from your trust/other training funds).</i>	

Please continue...

K. FEE ASSESSMENT QUESTIONNAIRE

This section is used to determine if you will be classified as a “home” or “overseas” student and work out the fees you will be charged. Your application will be considered in line with the government regulations.

The information that you provide will be used solely to determine if you will be classified as a home or overseas student. This form will be kept on your student file.

If you require further information, the UK Council for International Student Affairs (UKCISA) publish guidance regarding determining fee status. Their website is: <http://www.ukcisa.org.uk>

K.1. PERSONAL DETAILS

If you have lived at your current address for less than 3 years, please provide details of your previous address:

Previous address		
How long did you live there?	Years:	Months:
When did you first become resident in the UK? (DD/MM/YYYY)		
Reason for residency in the UK?		

K.2. NATIONALITY

Your nationality		Mother's nationality	
Spouse's nationality		Father's nationality	

K.3. IMMIGRATION STATUS

STATUS	EVIDENCE REQUIRED
<input type="checkbox"/> British Citizen or Commonwealth national with Right of Abode	Copy of relevant page(s) of passport <i>(including pages confirming name and nationality)</i>
<input type="checkbox"/> Indefinite Leave to Enter / Remain or an endorsement stating there is no time limit on your stay in the UK	Copy of relevant page(s) of passport <i>(including pages confirming name and nationality)</i> AND/OR UK Home Office Letter
<input type="checkbox"/> Refugee Status OR <input type="checkbox"/> You are the child or spouse of someone granted refugee status	UK Home Office letter or refugee travel document
<input type="checkbox"/> Refused refugee status but granted one of the following: <ul style="list-style-type: none">▪ Exceptional leave to enter/remain▪ Humanitarian protection▪ Discretionary leave OR <input type="checkbox"/> You are the child or spouse of someone refused refugee status but granted one of the above	UK Home Office letter
<input type="checkbox"/> Asylum Seeker	UK Home Office letter

Please continue...

<input type="checkbox"/> Time limit on stay (e.g. leave to enter or remain in the UK for a specified period of time). Please give type of leave and dates below: <table border="1" style="width: 100%;"> <tr> <td style="width: 70%;"> Visa type (eg Tier 2, Skilled Worker) </td> <td style="width: 30%;"></td> </tr> </table> - Date last passport stamp/visa was issued (DD/MM/YYYY) - Date of expiry of most recent permissions to stay (DD/MM/YYYY)	Visa type (eg Tier 2, Skilled Worker)		Copy of relevant page(s) of passport (including pages confirming name and nationality)
Visa type (eg Tier 2, Skilled Worker)			

<input type="checkbox"/> EU Settlement Scheme (settled and pre-settled status)	Copy of relevant page(s) of passport (including pages confirming name and nationality) Share code for checking immigration status
--	---

If none of the above categories cover you or your status is likely to change before the start of the course, please give details and provide supporting evidence:

--

Have you been absent from the UK during the past 3 years?	<input type="checkbox"/> Yes (go to K.5.) <input type="checkbox"/> No (go to K.4.)
---	---

K.4. RESIDENCY

Have you been resident in the UK for the past 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

If yes , please state the reason for your stay	<input type="checkbox"/> Work <input type="checkbox"/> Education <input type="checkbox"/> Other
---	---

If **no**, please give details of the countries in which you have been resident for the past 3 years

Country	Date residency began	Main reason for residence (e.g. living with family, work, study)

K.5. ABSENCE FROM THE UK

Please state the reason for your absence from the UK	<input type="checkbox"/> Work <input type="checkbox"/> Other
--	---

How long were you absent for?	
-------------------------------	--

If the absence was due to work who was the employee?	<input type="checkbox"/> Yourself <input type="checkbox"/> Parent / Guardian <input type="checkbox"/> Spouse
---	--

Was the contract of employment:	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary
---------------------------------	--

(Please provide documentary evidence such as an employer's letter or copy of the contract)

L. REFEREES

Please continue...

Please ask your referees to complete the Confidential Reference Form.

Give details below of the two people who have provided the references enclosed with this application:

Referee 1

Name	
Position	
Address	Postcode.....
Telephone	
Fax	
Email Address	

Referee 2

Name	
Position	
Address	Postcode.....
Telephone	
Fax	
Email Address	

M. DECLARATION

I declare that to the best of my knowledge the information given on this application is accurate and complete. I understand that The Institute of Cancer Research reserves the right to refuse admission or terminate registration should it be found that the information given is knowingly false or misleading.

Data Protection Act 1998

I agree to The Institute of Cancer Research processing the personal data on this form or other data that The Institute might obtain from me or other people while I am applying for admission. I agree to the processing of such data for any purpose connected with my studies or my health and safety while on The Institute's premises, including the compilation of any statutory statistical and personal returns The Institute is obliged to return to the Government or other agencies.

Applicant's Signature:

Date: