

Application form

Application for MSc Clinical Trials Distance Learning Scholarships 2008-09

Family Name	First Name	Title (Dr, Mr, Mrs etc)
Contact Address		
Telephone No:	Email address	
Which scholarship(s) are you applying for? <i>(you can tick more than one box if you meet the criteria for more than one scholarship)</i>		
<input type="checkbox"/> EDCTP		
<input type="checkbox"/> GSK		
Please tick the boxes below to confirm that you fulfil the following criteria before completing and submitting this scholarship application form:		
<input type="checkbox"/> I am a national of a Low or Lower Middle Income country as indicated on: http://web.worldbank.org/WBSITE/EXTERNAL/DATASTATISTICS/0,,contentMDK:20421402%7EpagePK:64133150%7EpiPK:64133175%7EtheSitePK:239419,00.html		
<input type="checkbox"/> I am a national of a sub-Saharan African country [EDCTP scholarships]		
<input type="checkbox"/> I am employed by a sub-Saharan African institution with EDCTP supported projects (http://www.londonexternal.ac.uk/prospective_students/postgraduate/lshmt/clin_trials/list_institutions.pdf) and planning to stay working at that institution until two years after finishing the MSc.		
AND EITHER		
<input type="checkbox"/> I enclose an application form for a place on the Clinical Trials distance learning MSc course, and have asked two referees to send confidential letters of reference direct to the University.		
Please note that neither your scholarship application nor your MSc course application can be considered until these references have been received.		
OR		
<input type="checkbox"/> I have already submitted an application form for a place on the MSc course to the University of London External System.		
Approximate date of submission of course application form: _____		

Explain, in no more than 500 words, how you fulfil the eligibility criteria and why you should receive a Scholarship to study the MSc in Clinical Trials by Distance Learning (*see also note 1*)

DECLARATION TO BE SIGNED BY ALL APPLICANTS:

- I declare that the statements made by me on this form are, to the best of my knowledge and belief, true and correct, and that unless otherwise stated is my own work (*see note 2 below*).
- I have read the Data Protection statement (*see note 3 below*) and specifically confirm my consent to the terms outlined.

Signature _____ **Date** _____

NOTES:

1. The scholarship selection committee is particularly keen to support applications from students that are likely to result in a clear benefit for their home country. You should demonstrate how you would apply the skills and experience gained from studying the course to the development of your home country. References to any existing national shortages or needs would be particularly welcome.
2. In submitting this application, the applicant confirms that all information and documents submitted are, to the best of the applicant's knowledge, genuine and accurate. The London School of Hygiene & Tropical Medicine reserves the right to suspend, withhold or withdraw any subsequent award at any time, should it have reasonable evidence that this is not the case.
3. In order for your application to be administered effectively and efficiently, it will be necessary for your details to be kept on file. All personal data held will be processed according to the principles of the United Kingdom Data Protection Act 1998. In signing this form, applicants give their consent to such process and also agree that their name may be made public in the event that they are selected for an award.

Submitting your application:

This application must be submitted to the following address:

Postgraduate Admissions Office, University of London External System,
Stewart House, 32 Russell Square, London, WC1B 5DN, UK.

DEADLINE FOR RECEIPT OF SCHOLARSHIP APPLICATION: 30th April 2008