Clinical Trial Fellowship Application Form

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| **Full Name** |  |
| **Student ID** |  |
| **Email** |  |
| **Phone Number** |  |

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| **Personal Statement** |
| Please provide a statement indicating (1) why you wish to undertake this Fellowship, (2) what you expect to get out of this fellowship and (3) Describe your previous research experience, including any relevant projects, clinical trials, or studies you have been involved in. |
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I hereby declare that the information provided in this application is true and accurate to the best of my knowledge. I understand that any false information may result in the rejection of my application or termination of fellowship if awarded.

**Signature:**

**Date:**

**Submission Instructions:**

Please submit the completed application form and supporting documents to the following email address: [**clinicalresearch@universityofgalway.ie**](mailto:clinicalresearch@universityofgalway.ie)

For any inquiries, contact us at [**clinicalresearch@universityofgalway.ie**](mailto:clinicalresearch@universityofgalway.ie)

Thank you for your interest in the Clinical Trial Fellowship at the University of Galway. We look forward to receiving your application.