

MRC Centre for Neuropsychiatric Genetics and Genomics

Director Professor Sir Michael J Owen PhD FRCPsych FMedSci FLSW

*Canolfan MRC am Genomeg a Geneteg Niwroseiciatrig*

*Cyfarwyddwr Yr Athro Michael J Owen PhD FRCPsych FMedSci FLSW*

**TRAINEE QUESTIONNAIRE**

Thank you for your interest in applying for a training opportunity in the Division of Psychological Medicine & Clinical Neurosciences at Cardiff University. Before we can consider your application please complete and return the questionnaire below.

|  |
| --- |
| **Personal Details** |
| First name |       | Last name |       |
| Email address |       | Gender |       |
| Nationality |       | Country of residence |       |
| Current year of study |       | Home University |       |
| Current degree title |       |
| Erasmus Coordinator name and email address (if applicable): |       |       |
| **Requested Training Details** |
| Start date |       | End date |       |
| Do you have funding? If yes, please provide funding details. If no, please indicate the level of support that you are requesting. |       |
| Skills requested: What skills/experience are you hoping to gain? |       |
| Skills acquired: What skills/experience do you already have? |       |
| **Letter of Reference** |
| Please provide the name and email address of an academic supervisor that can provide you with a reference. |
| Name:       | Email address:       |
| **CV** |
| Please submit an up-to-date CV together with this questionnaire. |