

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.

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| --- | --- | --- | --- | --- |
| **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. | | | |