

**APPLICATION FOR THE
CLINICAL RESEARCH OUTREACH PROGRAM (CROP) COURSE**

Date of Course.....

Please complete this form using Microsoft Word. One copy should be sent by email to Sinead Sheerin at sfs27@cam.ac.uk with a signed printed copy by post to Sinead at Department of Veterinary Medicine, Madingley Road, Cambridge CB3 0ES.

Q1 CONTACT DETAILS

Surname:		Forenames	
Contact Address:		Telephone Numbers	
		Work:	
		Mobile:	
		Home:	
		Email:	

Q2 CURRICULUM VITAE OF APPLICANT

(a) Surname: Forenames:

(b) Qualifications:

University or universities attended with dates (mm/yy):

Date of veterinary graduation: (dd/mm/yy)

(c) Current post:

(d) Current employer

Signature of Employer To Verify Attendance: - Printed name of Employer: -

(e) Previous three posts held: (list the most recent first)

Dates	Position	Employer

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(f) Why do you wish to attend the CROP course and what do you hope to get from it?
(no more than 500 words).

(g) Please list any publications, conference presentations or talks you may have written or given
(up to 10 but don't worry if you have none).

(h) Please list any areas of clinical interest you have:

(i) Signed:

Date:

Q3 INITIAL PROJECT IDEA

(duplicate this section if you have more than one project idea).

(a) Title:

(b) What is the question to be answered:

(c) Write a brief description of how you think you might be able to answer this question in a practice-based research project: (no more than 500 words)

(d) Please list some references (papers or text book citations) which provide important background.

(e) If your project is dependent on clinical cases, how many cases would you hope to get in your own clinical work? Are colleagues likely to help with recruitment of additional cases?

(f) Is there a potential supervisor for your proposed project you would like to suggest?