



SCTS 1

Scholarship Application Form

Senior Clinical Training Scholarship

Title of Scholarship for which you are applying	
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PERSONAL DETAILS

Forename(s)	Surname	Title
Current Address:	Contact details:	
Post code:	(1) Daytime telephone:	
	(2) Mobile:	
	(3) E-mail address:	

PROFESSIONAL REGISTRATION

Are you a registered member of the Royal College of Veterinary Surgeons?	YES / NO	If YES, please give registration number:
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REFERENCES

References should normally include your present employment (or your most recent employer), or course tutor if currently a student or intern	
Name	
Position	
Address	
Telephone number	
E-mail address	
Do we have permission to contact this referee before the interview?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Second Reference

Name	
Position	
Address	
Telephone number	
E-mail address	
Do we have permission to contact this referee before the interview?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Third Reference

Name	
Position	
Address	
Telephone number	
E-mail address	
Do we have permission to contact this referee before the interview?	Yes <input type="checkbox"/> No <input type="checkbox"/>

APPLICANT DECLARATION & DATA CONSENT

- I confirm that the information I have given in this Scholarship application form for a Senior Clinical Training Scholarship and all supporting documents is correct and complete
- I understand that the University of Cambridge will carry out a verification process and will check all or any of the information provided on the Scholarship application form, given in references and presented as proof of identity
- I agree for release of information under the provisions of the Data Protection Act 1998
- I attach a curriculum vitae and covering letter to this application form

Signature

Date

Please tick below to indicate where you saw the advert for this Scholarship:

- Veterinary Record
- ECVS website
- Department of Veterinary Medicine website
- University of Cambridge website
- jobs.ac.uk
- Other (please specify)