

Cambridge Science Summer School Application form 2012

Personal details				
Title (Mr/Miss/Ms/Dr):		Sex:		
Family/last name:		Age:		
Forename(s):		Date of birth (dd/mm/yy):		
Address (in English and in Chinese):				
Telephone number:		Email address:		
Nationality:	Passport number:	Passport expiry date:		
Academic and profession	nal details			
Please give details of your educational background, including current subjects and degree achieved or expected:				
BA/MA/MPhil/PhD/other	If other, please specify:	Subject:		
Year of study (3 rd or 4 th if you are	Any other higher education qualifications, please specify:			
Name of institution:				
Please state your Englisl IELTS/TOEFL/Cambridge C	Result/Grade for English language proficiency:			
Please note: Copies of your academic qualifications must be sent with this application				
Emergency Contact details:				
Please give details of parents/guardian whom we can contact in an emergency while you are in United Kingdom:				

Name:	Telephone number:	Email address:			
Contact address:					
Programme and Researc	h choice:				
Cancer and cell signaling Infectious diseases Biochemistry Structural biology Neurobiology					
First Choice:	Second choice:	Third choice:			
Please note that we will do our very best to allocate positions according to your preferred options, however, since places in certain research areas are limited, this cannot be guaranteed.					
Extra activities:					
Please indicate your interest in any additional activities (fees apply as documented in brochure)					
Would you be interested in extra supervisions:	What would be your preferred supervisor to student ratio?	Would you be interested in extra English courses?			
Yes/No	1:1/1:2/1:3	Yes/No			
Would you be interested in an assessment of your written work at the end of your course? Yes/No	Would you be interested in weekend leisure trips Yes/No				
Special requirements:					
Do you have a valid Visa to enter UK? Yes/No	Have you ever been rejected when applying a Visa from any countries? Yes/No	If so, please specify:			
Do you have any medical needs?	If so, please specify:	Do you have valid travel insurance? Yes/No			
Do you have any medical conditions or disabilities we should be aware of?	If so, please specify:	Do you have a valid medical insurance? Yes/No			
Dietary requirements:	Are you allergic to any types of food?	If so, please specify:			

Assessment.			
At the end of the application period, a selection process will take place and the accepted participants will be asked to pay the full amount of the course fee. The course is limited currently to 35 participants and for interview purposes all applicants are requested to submit a motivation letter.			
Instructions for writing the motivation letter			
Please describe how attending this programme would benefit your current study and future work. State what would you like to gain from the course and why you are particularly interested in the research areas you specified. Please also include any relevant skills, experience and qualifications. The limit for the motivation letter is strictly restricted to 500 typed words. Please use the space below:			

Accoccmont

Reference:				
Please give details of two or three referees (not relatives or friends) who will each provide a work-related reference, including the referee's name, telephone number, position, relationship to you, postal address and email address in the following boxes (two must be academic referees i.e. your lecturer/course tutor)				
Payment:				
Non-refundable application fee (will be offset against total fee if candidate is accepted for the	GBP 200	Amount:		
programme): Remainder of programme fee:	GBP 10,000	Amount:		
Accommodation fee for 8 weeks	Inclusive	Amount: 0		
(July – August):	merasive	Timoune. o		
Return Flight tickets:	Inclusive	Amount: 0		
Pick up and return service from	Inclusive	Amount: 0		
Heathrow airport to Cambridge: Core social events:	Inclusive	Amount: 0		
Course materials:	Inclusive Inclusive	Amount: 0		
Laboratory expenses:	Inclusive	Amount: 0		
Supervision fee: (Optional -we	See programme brochure	Amount:		
recommend 1hr per week)	T G			
Additional English lessons (optional):	Organized through our TEFL (Teaching English as a Foreign Language) partners	Details of fees available separately		
Evaluation fee (optional):	See programme brochure	Amount:		
Payment details		m-t-l: d		
payment of the application fee	processed without confirmation of	Total paid:		
All fees should be paid by bank tr	ansfer	Amount:		
	insfer receipt with your application f	The state of the s		
	charges – please confirm these with	5		
<u> </u>	o secure your acceptance to the prog			
retrieve from applicants any bank	charges or exchange costs that may	be incurred.		
Bank transfer details				
Authorised local handling bank an	nd company:			
DBS Bank (Hong Kong) Ltd. (Swift Code DHBKHKHH)				
Hong Kong New Way Publishing Co., Ltd.				
Account number: 016-494-473324275				
Bank transfers must reference sender's name				
Signature:				
I have read this form and the accompanying brochure and fully accept the terms and conditions and				
the cancellation and refund policy as stated in the form and the brochure. Applications cannot be processed without a signature.				
Signed:		Date:		