**Application Form: 2021/2022**

This form has been produced using form-filling software; please download, complete, e-sign (if possible) and date and then email to [external.training@pirbright.ac.uk](mailto:external.training@pirbright.ac.uk)

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| --- | --- |
| **Course for which you are applying**  *(please complete separate forms if applying for more than one course)* |  |
|  |  |
| **Title** | Choose an item. |
| **Family name** | Click here to enter text. |
| **First name** | Click here to enter text. |
| **Gender** | Click here to enter text. |
| **Email address** | Click here to enter text. |
| **Telephone contact number** *(including country and area codes)* | Click here to enter text. |
| **Address for correspondence** | Click here to enter text. |
|  |  |
| **Nationality** | Click here to enter text. |
| **Business visa required** | Yes  No  *(we will provide a letter of invitation if you need a visa)* |
| **Is English your first language** | Yes  No |
| **If English is not your first language, please provide information on qualifications achieved**  *(e.g. IELTS, TOEFL or other qualification, including date taken and results)* | Click here to enter text. |
| **Please provide details, including dates, of any work or study conducted previously in the UK** | Click here to enter text. |
|  |  |
| **Please provide details (subject, date, awarding body or university) of any qualifications which are relevant to this training course** | PhD: Click here to enter text. |
| First degree: Click here to enter text. |
| Other: Click here to enter text. |
| **Please provide details of your current role** | Which of the following best describes your position?  Manager  Laboratory manager  Laboratory scientist  Other  please specify Click here to enter text. |
| How many years of experience have you had at this level?  <1  1–5  6–10  >10 |
| Which viruses do you work on routinely?  Click here to enter text. |
| Which laboratory tests do you perform routinely?  Click here to enter text. |
| **Please tick the *one* box which you think best describes your own hands-on experience of SEROLOGICAL TECHNIQUES** | Expert user  Routine user  Limited user  No experience |
| **Please tick the *one* box which you think best describes your own hands-on experience of MOLECULAR BIOLOGY TECHNIQUES** | Expert user  Routine user  Limited user  No experience |
|  |  |
| **Please outline what you hope to gain from attendance on this course and how it will benefit your current role** | Click here to enter text. |
|  |  |
| **Do you require accommodation for your visit?** | Yes  No |
| If YES, are you willing to stay in mixed gender housing (individual bedroom / shared living spaces)  Yes  No |
|  |  |
| **We will need a reference from your line manager / departmental head to confirm that they are agreeable to you attending the course and to guarantee that funding is available. Please provide the following details:** | Name: Click here to enter text. |
| Position in organisation: Click here to enter text. |
| E-mail address: Click here to enter text. |
| Telephone number (including country and area codes)  Click here to enter text. |
| Postal address: Click here to enter text. |
|  |  |

**Data Privacy**

The data provided in this application form is necessary data for the training course you wish to attend. Your personal details will be held for the period leading up to the training course and for a maximum period of 2 months after the training is completed.

If you would like us to delete your records sooner or to know more about how The Pirbright Institute use and process personal data please refer to our [Data Privacy Policy](https://www.pirbright.ac.uk/privacy-cookies) or contact [dataprotection@pirbright.ac.uk](mailto:dataprotection@pirbright.ac.uk).

Signed: ………………………………………………………………………………………………………

Dated : ……………………………………………………..