 

NORTH WEST DOCTORAL TRAINING CENTRE

**Internship Scheme Application Form**

**(Updated June 2015)**

**Please read the accompanying Internship Scheme Application Guidance carefully before completing this form.**

1. **Student Details (to be completed by student)**

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| --- | --- |
| Name of award holder (in capitals):  |  |
| Institution: |  |
| NWDTC Pathway: |  |
| University ID number: |  |
| Current address: |  |
| Telephone: |  |
| Email: |  |

1. **Internship Details (to be completed by student)**
2. **Details of the external partner**

|  |  |
| --- | --- |
| Name of the external partner organisation: |  |
| Name and address of key contact at the external partner organisation:  |  |
| Email address of named contact: |  |

1. **Dates of Internship**

|  |  |
| --- | --- |
| Proposed Dates of Internship | Number of months |
| From (dd/mm/yyyy) | To (dd/mm/yyyy) |
|  |  |  |

1. **Please detail the nature of the project you will be undertaking whilst interning with the above organisation and what you hope to gain from the experience in terms of relevance to your doctoral research, research training or personal/career development (max 600 words).**

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1. **I confirm that I have read the accompanying Application Guidance. I undertake to inform my University of any changes to the internship, and I understand that I will be required to refund the NWDTC any money paid should I withdraw from the internship.**

|  |  |
| --- | --- |
| Signed:  | Date: |

NOW PASS THIS FORM AND A COPY OF THE GUIDANCE NOTES TO YOUR SUPERVISOR FOR COMPLETION

1. **Supervisor’s Confirmation (to be completed by first supervisor)**
2. **Please provide a statement to support the purpose and appropriateness of this proposed internship.**

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1. **I confirm that I have read the accompanying Application Guidance and that the details of the internship completed by the award holder are accurate.** I confirm that the internship will be of benefit to the student’s personal and/or career development and that there are no concerns about the student’s progression to date. I acknowledge that it is expected that suitable supervisory arrangements will be made for the full period of the internship and the subsequent PhD extension.

|  |  |
| --- | --- |
| Name: | Position:  |
| Phone number: | Email:  |
| Signature:  | Date: |

**Please send your completed form to the NWDTC Central Office at** **nwdtc@liverpool.ac.uk**