## Personal Details

|  |  |  |  |
| --- | --- | --- | --- |
| Title | Surname / Family Name | First Name(s) | Other Name(s) |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Previous Names (If applicable) | Date of Birth (dd/mm/yyyy) | Gender |
|  |  | Click here to choose item |

|  |  |  |  |
| --- | --- | --- | --- |
| Country of Birth |  | Nationality |  |

|  |  |  |
| --- | --- | --- |
| Passport Number | Expiry Date (dd/mm/yyyy) | Do you need a visa to come to or remain in the UK? |
|  |  | Choose an item. |

|  |  |  |
| --- | --- | --- |
| Have you been living in your country of birth up to the present day with no gaps in residence? |  Yes |[ ]   No |[ ]

|  |  |
| --- | --- |
| What country have you been living in for the past 3 years? |  |

|  |  |
| --- | --- |
| Permanent Address | Address for Correspondence |
|  |  |
| Telephone: |  | Telephone: |  |
| Personal Email: |

1. **Intended Programme of Study**

|  |  |
| --- | --- |
| Programme | Mode of Study |
| Choose an item. | Choose an item. |
| Start Date: (Month / Year) | Have you already been in discussions with a member of LSTM’s academic staff about your application? If yes, who? |

1. **Proposed Area of Research**

|  |
| --- |
|  |

**Tick here if you have continued onto a separate sheet or attached a separate sheet?** [ ]

1. **Academic Qualifications**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Institution Name / Country | Qualification |  | Class/ Grade | Date of Award |
|  |  |  |  |

1. **Professional or Other Qualifications**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Institution Name / Country | Qualification |  | Class/ Grade | Date of Award |
|  |  |  |  |

1. **Employment**

|  |  |  |  |
| --- | --- | --- | --- |
| Employer / Country | Position Held and Main Duties | From | To |
|  |  |  |  |

1. **English Language Qualifications**

|  |  |  |
| --- | --- | --- |
| Qualification / Award | Score / Grade | Date Taken / to be taken  |
| Choose an item. |  |  |
| If other, please specify:  |

1. **UK VISA History (Non-EEA students only)**

|  |  |  |
| --- | --- | --- |
| Programme of Study / Institution  | Start / End Dates of Programme | Type of VISA |
|  |  |  |

1. **Personal Statement**

|  |
| --- |
|  |

1. **Funding**

How do you intend to fund your tuition fees and living cost whilst studying at LSTM?

|  |  |  |  |
| --- | --- | --- | --- |
| Personal/ family resources |[ ]   Loan |[ ]   Sponsorship |[ ]   |

If you answered “Sponsorship” please indicate the following:

1. I am currently searching for sponsorship opportunities
2. I am waiting for a decision on a sponsorship application which is due by Click here to enter a date.
3. My sponsorship application has been approved

|  |  |
| --- | --- |
| If you answered b or c, please supply the name of your sponsor: |  |

1. **Referees**

|  |  |
| --- | --- |
| Referee 1 | Referee 2 |
| Name:Position:Address:Email:Telephone: | Name:Position:Address:Email:Telephone: |

1. **Criminal Convictions**

|  |  |
| --- | --- |
| Do you have any criminal convictions? (If you do not answer this question we cannot process your application) | Choose an item.  |

1. **Publicity**

|  |  |
| --- | --- |
| Please indicate where you first heard about LSTM: | Choose an item. |

If you answered f – j above please provide further details (i.e. which Education Exhibition, Professional Journal etc.)

|  |
| --- |
|  |

Completed applications should be e-mailed or posted to:

*Research Degrees Administrator*

Academic Registry

The Liverpool School of Tropical Medicine

Pembroke Place

Liverpool

L3 5QA

Email: pgr@lstmed.ac.uk Tel: +44 (0)151 705 3758 / 702 9364

**By submitting this application I agree to LSTM and its associates processing personal data contained in this form, or other data which LSTM may obtain from me or other sources. I agree to the processing of such data for any purpose connected with my studies or my health, welfare and safety, or for any other legitimate reason. I understand that my personal data will not be disclosed to third parties without my permission.**