## DPhil in Cancer Science Programme

## 2023 Intake Project Submission Form

**To submit an application**: Please only submit this document when **all** details (including signatures) have been completed. It is the **responsibility of the applicant** to secure signatures.

Send the **completed form** and **attached documentation** to: [cancer@medsci.ox.ac.uk](mailto:cancer@medsci.ox.ac.uk) no later than **midday on Friday 27th May 2022.**

Applications received after this time, in the wrong format, or with details / signatures missing, will **not be accepted**.

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| **SUPERVISOR(S) DETAILS:** | | | |
| **Primary Supervisor Name:** | | |  |
| **Department/institution/unit/hub:** | | |  |
| **It is the Centre’s policy to add applicants to the membership of the CRUK Oxford Centre and report on successful applications to our funding bodies and on our website.** | | | Please tick this box if you are happy for us to do so with this project :  If not please discuss with a member of the Centre’s Operational team. |
| **Second Supervisor Name:** | | |  |
| **Department/institution/unit/hub:** | | |  |
| **Other Collaborators:** | | |  |
| **PROJECT DETAILS** | | | |
| **Title:** |  | | |
| **Research Proposal:**  Please provide **up to two sides of A4** (minimum 10 point font, standard margins, **inclusive** of references and any figures). If selected for the programme, this summary will be made publicly available and be used by students when prioritising their projects. This proposal should include the following **in terms that will be comprehensible to a generalist audience of academics (rather than subject specialists)**:   1. **Lay summary** (up to 300 words, see guidance) 2. **Abstract of the project** 3. **Research objectives and proposed outcomes**, with reference to (i) the academic value of the research (ii) the collaborations involved and how these will be facilitated by the award. 4. **Translational potential of the project.** Describe the relevance of the project to cancer research or patient care. 5. **Summarise the training opportunities** (techniques/methods) that the student will have access to as part of this project. 6. **References** | | | |
| **FUNDING JUSTIFICATION** | | | |
| Please supply a paragraph for each of the below to confirm your project is suitable for the DPhil in Cancer Science Programme.   1. This programme is distinct from departmental and project DPhil’s in that it was established to provide researchers with opportunities to establish novel collaborations. 2. Summarise the rationale for including the supervisors and collaborators on the application, and confirm that this project is distinct from ongoing/historic work. 3. Summarise the relevance of this project to the CRUK and CRUK Oxford Centre research strategy focusing on the following scientific themes:    * Immuno-Oncology    * Cancer Big Data    * Novel Therapeutics    * Early Cancer Detection   Priority will be given to projects targeting digestive and blood cancers, however, it is not the intention that awards will be made exclusively in these fields. | | | |
| **STUDENT ELIGIBILITY DETAILS:** | | | |
| **Student background required for project delivery** | | (100 word summary) | |
| **Track 1 Eligible**  (clinical trainee) | | Yes/No | |
| **Track 2 Eligible**  (medical undergraduate) | | Yes/No | |
| **Track 3 Eligible**  (non-clinical/fundamental scientist; medical science/chemistry/biochemistry undergraduate/masters) | | Yes/No | |
| **Track 4 Eligible**  (non-clinical/fundamental scientist; engineering/mathematics / physical science undergraduate/masters) | | Yes/No | |

It is the **responsibility of the applicant** to secure the below signatures (shown in purple boxes) **before** the application is submitted to the Cancer Research UK Oxford Centre Team.

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| **FOR COMPLETION BY DEPARTMENTAL ADMINISTRATIVE / FINANCIAL CONTACT** | | | |
| Departmental administrative/ financial contact name, address, and email for correspondence: | |  | |
| Please tick here if the applicant’s position is funded for the duration of the project and supervisor meets the criteria in the guidance provided? | | Yes (Indicate expiry date of funding: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )  No | |
| **Departmental administrative / financial contact signature:** | |  | |
| **ENDORSEMENT BY HEAD OF DEPARTMENT/CHAIR OF FACULTY/HEAD OF SERVICE** | | | |
| ***Head of Department or Chair of Faculty to sign here to endorse the application***  In doing so they agree to provide the necessary facilities and confirm that the project would not entail a significant increase in use of any departmental space, and that any health and safety and ethical requirements would be covered: | |  | |
| **Collaborator Support – each collaborator named on the application must sign the below or an email should be attached to the application form from them stating that they support the application and commit to the work as described.** | | | |
| **Name** | **Date** | **Department** | **Signature** |
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**Nb. The applicant/s do not need to sign the form.**