**Summer Internship Application Form**

This form is for applicants for the Robert Henderson Summer Internship programme at the Department of Pharmacology. Please complete the information below and ensure that it is signed by the Group Leader of the lab you wish to host your internship.

Before submitting your application, please reach out to the group leader of the lab you wish to join during your internship. You can find information on the groups and their work via the following link: <https://www.phar.cam.ac.uk/research-group-leaders>

Applications for Summer 2025 will be open from 1st March 2025. The deadline to submit your application is 30th March 2025.

**Once complete, please submit the form to the HR team (**[**hr@phar.cam.ac.uk**](mailto:hr@phar.cam.ac.uk)**) along with an up-to-date CV (please ensure you include education and grades).**

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| **Section 1: To be completed by applicant** | | | | |
| **Personal Information** | | | | |
| Title | |  | | |
| First Name | |  | | |
| Preferred Name | |  | | |
| Surname | |  | | |
| Address (including postcode) | |  | | |
| Telephone number | |  | | |
| Email address | |  | | |
| Are you a current student at the University of Cambridge? | | | Yes | No |
| *If yes, please confirm what College you are affiliated to:* | |  | |
| Non-UK students may need additional visa requirements. Please confirm if you are a UK national: | | | Yes | No |
| **Suitability** | | | | |
| Please provide a personal statement below or in a separate document (500 words max) outlining your motivation for joining the Robert Henderson Summer Internship programme and your chosen laboratory, including any past research experience. | | | | |
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| **Applicant signature** |  |
| **Date** |  |

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| **Section 2: To be completed by the hosting lab group leader/PI:** | |
| **PI Support Statement** | |
| Please provide confirmation of your support for this application, and any further information about the candidate’s suitability that you wish the selection panel to consider. | |
|  | |
| **Proposed start date:** |  |
| **Proposed end date:** |  |
| **Name** |  |
| **Signature** |  |
| **Date** |  |