**UKRI-BBSRC Swindon Office PIPS Placements**

**Application Form**

**Professional Internship opportunity: developing a BBSRC narrative for neuroscience and behaviour**

**Contact details**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname: |  | | |
| Forename: |  | Gender: | Choose an item. |
| Date of Birth |  | | |
| Year of Study: |  | | |
| Doctoral Training Partnership: | Choose an item. | | |
| RO Where Registered: | Choose an item. | | |
| RO Where Based (main project): | Choose an item. | | |
| Telephone: |  | | |
| Email: |  | | |

**Expression of interest** (750 words maximum)

|  |
| --- |
| Please describe the reasons why you are interested in this placement. You should try to address the following areas:   1. Your interest in neuroscience, especially with any particular relevance to cognitive computational neuroscience, mental health or the gut-brain axis (although this is not essential) 2. The benefit of this placement to your PhD studies and broader professional development 3. Your relevant skills and experience |

|  |  |
| --- | --- |
| **Applicant:** I confirm that the above particulars are correct. | |
| **Signature:** | **Date:** |

|  |  |
| --- | --- |
| **PhD Supervisor:** I confirm that I support the above application. | |
| **Name:** | |
| **Signature:** | **Date:** |

|  |  |
| --- | --- |
| **PIPS Coordinator or Training Grant Holder** | |
| I understand that BBSRC expects the university / institute to continue paying the student their stipend during the placement. | |
| **Name:** | **Training Grant Reference Number:** |
| **Signature:** | **Date:** |

Applications must be emailed to: [PIPS@bbsrc.](mailto:PIPS@bbsrc.)ukri.org by **24th January 2020**