**William Harvey Research Institute - Work experience application form**

Note: This form is to be used by pupils/students in **Year 12/13** who are considering a career in Medicine or Biomedical research and wish to apply for a 4-day work experience programme at the William Harvey Research Institute (WHRI) only.

|  |  |
| --- | --- |
| Name: |  |
| Date of birth: |  |
| Home address: |  |
| **Email address:**  Please provide the email address given to you by your school. |  |
| Contact no: |  |
| Name and address of current school/college: |  |
| Name of Head/Personal Tutor/Careers Advisor |  |
| Current year group: |  |
| Programme date: | Monday 18th – Wednesday 20th July 2022 |

## GCSEs

The minimum GCSE entry requirements for this programme are:

* **Double** or **Triple Science – BB** or **above**
* **Mathematics – B or above**

Please list each GCSE you have taken and the grade obtained.

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| --- | --- | --- |
| **Subject** | **Year achieved** | **Grade** |
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## A-levels

All applicants must be studying a **Science** or **Maths** subject at A-level (or equivalent).

Please list each A-level (or equivalent) subject you are taking.

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| --- |
| **Subject** |
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## Personal statement

In no more than (**150 words**) tell us why you wish to apply and how you feel you would benefit from this programme.

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|  |

**Location**

The William Harvey Research Institute  
Barts and the London School of Medicine and Dentistry  
Queen Mary University of London  
Charterhouse Square  
London  
EC1M 6BQ

Completed applications should be returned to **Ade Alele** at [a.alele@qmul.ac.uk](mailto:a.alele@qmul.ac.uk)

Closing date for receipt of application is **Monday** **20th June 2022** by **5.00pm**.

**William Harvey Research Institute - Work experience   
Equal opportunities monitoring form**Please complete and return with your application form.

This is sensitive personal data and will be treated with the utmost confidentiality in line with the requirements of the Data Protection legislation. The data will only be used for general statistical and monitoring purposes. The data will not be taken into account in assessing information on your application form.

**Gender**

Male  Female

Have you ever identified as transgender?

Yes No Prefer not to say

**Ethnic origin**

Ethnic origin is not about nationality, place of birth or citizenship. It is about broad ethnic groups. You might belong to any of the groups indicated. How would you describe your ethnic origin?

**Asian, Asian British, Asian English, Asian Scottish, Asian Welsh**

Bangladeshi  Chinese  Indian

Pakistani  Any other Asian background

**Black, Black British, Black English, Black Scottish, Black Welsh**

African  Caribbean  Any other black background

**Mixed heritage**

White and Asian  White and Black African  White and Black Caribbean

Any other mixed background

**White**

British  English  Irish

Scottish  Welsh  Any other white background

Any other ethnic background  Do not wish to declare my ethnic origin

**Disability**

The Equality Act defines a disabled person as anyone who has, or has had, a physical or mental impairment which has a substantial and long term effect on their ability to carry out normal day to day activities.  
 **Taking the above into account do you consider yourself to be disabled?**

Yes No Prefer not to say

If ‘yes’ please provide details  
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Please indicate any arrangements you would require if your application is successful.

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 Please return this form with your application form. Thank you ☺