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**Chief Investigator Scheme Application Form**

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| **Personal Information** |
| Name |       |
| Address |       |
| Telephone |       |
| Email |       College Reference No: |
| Current CTN Member | Please note that you **must** be a member of the CTN before applying to the CI Scheme Local Principal  |

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| **Research Experience** |
| **Please provide a short summary of your research experience within clinical trials (250 words max)** |
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| **Please provide a brief description of your career ambitions (250 words max)** |
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| **Please explain how the Chief Investigator scheme will help you achieve those ambitions (250 words max)** |
|       |

This application form together with your CV and a letter of support should be sent to pomctn@niaa.org.uk by **31st August 2017**