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