**Breakthrough Cancer Research Education and Travel Award 2025**



**Supervisor Form**

**INSTRUCTION TO SUPERVISOR:**

**Please complete and send the supervisor form to the applicant before the closing date of 20th January 2025 12:00 (Irish Time).**

**Please use font Calibri, size 11**

**NOTE: INCOMPLETE APPLICATIONS WILL NOT BE ASSESSED.**

**SECTION A: Applicant details (To be completed by applicant)**

|  |  |
| --- | --- |
| Full Name: |  |
| Position: |  |
| Department or equivalent: |  |
| Name of Institution: |  |
| Address: |  |
|  |
|  |
| Email address: |  |
| Phone number: |  |

**SECTION B: Supervisor details (To be completed by Supervisor)**

|  |  |
| --- | --- |
| Title: |  |
| Full Name: |  |
| Position: |  |
| Department or equivalent: |  |
| Name of Institution: |  |
| ORCID Number: |  |
| Address: |  |
|  |
|  |
| Phone number: |  |
| Email address: |  |

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| Please provide a brief recommendation highlighting how this conference or research trip will contribute to the applicant’s overall PhD research objectives and development. (**Maximum 500 words**) |
|  |
| Signature:       | Date:       |