|  |
| --- |
| **VOLUNTARY INTERNSHIP EXPRESSION OF INTEREST FORM** ***(Please email to Dr. Marignol)*** |
| Applicant Name: |  |
| Qualifications and experience  |  |
| Brief statement of interest: |  |
| Preferred internship duration: |  |
| Preferred period of internship:  |  |
| ARTT research strands of interest(delete as appropriate) | Radiobiology and Molecular OncologyRadiation therapy in PracticeHealth Services Research  |
| Research Skills and Experience |  |
| I understand that internships are on a voluntary basis only and that I will not receive any financial compensation from the Discipline of Radiation Therapy should my application be successful.**Yes / No**  |
| Please join a short 2-page CV to your expression of interest form.  |