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| **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 Oncology  Radiation therapy in Practice  Health 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. | |