**Cambridge Diabetes Seminar (18-24 Aug 2024): Application Form -** *Please type or write*

Surname/Family Name (as on passport): ………………………………………….………………………………..

First (given) names: ...............………………………………………………………………………………………..……

Gender: Male 🞏 Female 🞏 Prefer not to say 🞏

Personal title/salutation:…………………………………………………………………………………………………….

Position/job title................................................................…………………………………………………..

Degree(s)/Qualifications...................................................................…………………………..……….

Institution/Department.....................................................…………………………………………………..

Institutional Address: Address for correspondence if different:

*Including country*

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Telephone (include country and area code)...........................……………………….…………………….

E-Mail address..................................................................……………………………………….……………

Emergency contact name: ………………………………………………………………………………………………….

Emergency telephone number, with code(s):……………………………………………………………………..

Why are you interested in attending the Cambridge Seminar on the epidemiological and public health aspects of diabetes? How will you benefit from participating?

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What research training or experience have you had in the past?

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What research training or experience in the epidemiological and public health aspects of diabetes have you had in the past?

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What are the opportunities for training in epidemiological and public health aspects of diabetes and related conditions in your area or country of residence?

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List 3 topics you are most interested in learning about at the Cambridge Seminar

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How did you find out about the Cambridge Seminar? (e.g. CDS website, a Faculty member, a previous CDS alumnus, at a conference, social media or other (please specify)

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The Seminar is cost free from the point of arrival to the Seminar venue, but does not cover travel costs. There are a limited number of travel bursaries available upon application for those eligible who cannot identify other funding. Please indicate here if you would like to be considered for a bursary.

I would like to apply for a travel bursary **No**  🞏 **Yes**  🞏

If yes, then please include a supporting letter from your supervisor, Head of Department or equivalent, indicating the amount requested. The travel bursary, if approved, will be given after the seminar, not in advance.

**Closing date for applications is: Friday 15th March 2024.**

Please ***send this application form together with a copy of your current curriculum vitae (CV) and a brief covering letter*** to either:

* **Email**: **applications-CDS2024@mrc-epid.cam.ac.uk**, OR by
* **Post (to arrive by the closing date as shown above):**
Mrs Meriel Smith, Cambridge Diabetes Seminar Secretariat
MRC Epidemiology Unit, Institute of Metabolic Science, Box 285,
Addenbrooke’s Hospital, Cambridge Biomedical Campus

Cambridge, CB2 0QQ, UK

For email queries you can write to: query-CDS2024@mrc-epid.cam.ac.uk