**ECMC Cross-Centre Training and Skills Sharing Scheme**

**Application Form**

**Name:**

**ECMC Location:**

**Job Title:**

**Email:**

**Tel:**

**Please give a brief description of the training required (including why cross-centre training is required to fulfil this need):**

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**Please give a brief description of the research need identified and how this relates to your ECMC’s research:**

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**Estimated total training duration and start date(s) (if known):**

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**If you have preferred ECMC location(s) for your placement please list these *(if you do not have a preferred location identified and would like the ECMC Programme Office to identify appropriate expertise please indicate this here)*:**

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**If you have already made contact with your preferred ECMC please name your contact here:**

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**Please outline the suitability of the training institution and state any existing collaborations:**

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**Estimated total travel cost of placement\*:**

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**Estimated total accommodation cost of placement\*:**

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**Please give details of your line manager/ECMC Lead who supports this application:**

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**Please give details of any other funding streams you have applied to in relation to this placement (or plan to apply to):**

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Please return your completed form to: [hannah.brown@cancer.org.uk](mailto:hannah.brown@cancer.org.uk)

\*The ECMC Programme Office will be able to contribute towards reasonable travel and accommodation costs incurred during the placement