**Application Form**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Information about the Applicant | | | | | | |
| **Title:** | |  | **Surname:** |  | | |
| **Forenames:** | | |  | | | |
| **Sex:** | Male  Female | | | **Date of Birth:** | |  |
| **Nationality:** | | |  | | | |
| **Passport (and visa if relevant) Details** | | | | |  | |
| **Proposed Title of Research**  Please attach a four page research proposal and a timeline | | | | |  | |
| **Proposed Duration of Affiliation with CMSS** | | | | |  | |
| **Home Address:** | | |  | | | |
| **Present Employer (or most recent):** | | |  | | | |
| **Work Address:** | | |  | | | |

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| --- |
| **Please summarise your planned contribution at CMSS in these areas:** |
| **Contribution to Research at CMSS** |
|  |
| **Contribution to Engagement with society / impact** |
|  |
| **Contribution to Student experience and education** |
|  |

**Details of Referees**

|  |  |  |  |
| --- | --- | --- | --- |
| **Referee Number 1** | | | |
| **Name:** |  | | |
| **Signature:** |  | **Date:** |  |

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| --- | --- | --- | --- |
| **Referee Number 2** | | | |
| **Name:** |  | | |
| **Signature:** |  | **Date:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature of Applicant** | | | |
| I confirm that all the information above is correct | | | |
| **Name:** |  | | |
| **Signature:** |  | **Date:** |  |

**Please attach the following documents:**

|  |  |
| --- | --- |
|  | |
| **Detailed Research Proposal** |  |
| **Curriculum Vitae** |  |
| **Letter of Support from a Funding Agency (if applicable)** |  |