**Application Form**

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| 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**

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

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

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

**Please attach the following documents:**

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