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| **University of Bristol/Chinese University of Hong Kong**  STAFF EXCHANGE PROGRAMME (UoB/CUHK Staff EP)  **Deadline: Friday 6 March 2020** | | | | | | |
| **UNIVERSITY OF BRISTOL STAFF APPLICATION FORM**  *Please complete this application and send electronically as one PDF (to include the attachments) to the International Research Partnerships Officer Robert Crowe* [*robert.crowe@bris.ac.uk*](mailto:robert.crowe@bris.ac.uk) | | | | | | |
| Proposed Project Title: | | | | | | |
| Proposed Dates of Visit: | | | | Duration of Proposed Visit: | | |
| **1. University of Bristol Applicant’s Details** | | | | | | |
| Title: | | First Name: | | | Surname: | |
| Department or School:  Faculty: | | | | Position: | | |
| Applicant’s Address: | | | | Telephone Number: | | |
|  | | | | Email: | | |
| **2. The Chinese University of Hong Kong Host’s Details** | | | | | | |
| Host’s Title: | | First name: | | | Surname: | |
| Host’s Department or School:  Faculty: | | | | Position: | | |
| Host’s Address: | | | | Telephone Number: | | |
|  | | | | Email: | | |
| **3. Existing Collaborations between UoB and the Chinese University of Hong Kong** | | | | | | |
| Please provide details of any research collaborations or educational links that already exist between your Department/School and the Department/School at the Chinese University of Hong Kong, or indeed any Faculty to Faculty initiatives. Please do also include how these collaborations may link more widely across WUN. | | | | | | |
| 4. **Details of Funding Requested** | | | | | | |
| Guidelines for funding:   1. Travel: travel to airport, economy airfare, internal travel to CUHK, and visa and insurance costs; 2. Subsistence costs (award covers up to £200 per week); 3. Departmental contribution: please indicate whether your department (or other sources) is able to contribute towards the proposed visit.   Please note that accommodation will be provided by CUHK. | | | | | | |
| **Item** | **Breakdown of costs (please itemise)** | | | | | **Total** |
| Travel expenses |  | | | | |  |
| Subsistence costs |  | | | | |  |
| Departmental contribution |  | | | | | |
| **Total applied for** |  | | | | | |
| **5. UoB Applicant’s Proposal** | | | | | | |
| Please provide information on the following (2 pages maximum): | | | | | | |
| 1. a summary of the research you intend to undertake, detailing proposed interactions with CUHK | | | | | | |
| 1. the anticipated benefits of the award to yourself, and to UoB, CUHK and WUN where relevant | | | | | | |
| 1. any exceptional expertise or facilities which would be made available to you through this visit | | | | | | |
| 1. how you and your Department/School propose to sustain research relationships built through your visit (*e.g.* external funding bids, reciprocal visits, video conferencing, virtual seminars, *etc.*) | | | | | | |
| e) any other funding sources sought (and the outcome, where possible) to build this research collaboration | | | | | | |
| **6. UoB Applicant’s CV (one page with up to three publications)** | | | | | | |
| UoB Applicant’s one page CV attached to this application | | | | | | |
| **7. CUHK Host Academic’s Supporting Statement (one page)** | | | | | | |
| CUHK Host Academic’s Supporting Statement attached to this application | | | | | | |
| **8. UoB Head of Department/School’s Supporting Statement (one page)** | | | | | | |
| UoB Head of School/Department’s Supporting Statement attached to this application | | | | | | |
| **9. Statement from Applicant** | | | | | | |
| I wish to apply for a **UoB/CUHK Staff Exchange Programme** award.  If successful, I undertake to observe the Award Regulations and **to provide a final report within one month of the end of visit to** [Robert.crowe@bristol.ac.uk](mailto:Robert.crowe@bristol.ac.uk)  I agree that the University of Bristol, the Chinese University of Hong Kong and WUN may hold and process personal information in connection with this application and may use information relating to this proposed research visit for any publicity purposes that they deem appropriate. | | | | | | |
| **Signed:** | | | **Date:** | | | |
| Please note that it is your responsibility to enter the outcomes of this visit into PURE, suitably acknowledging the WUN. We will be forwarding the details of a training session at a future date. | | | | | | |