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| **WUN RESEARCH MOBILITY PROGRAMME (RMP)** | | | | | | | |
| **STAFF APPLICATION FORM**  *Please complete this application and send electronically as one PDF (to include the attachments)*  *to Robert Crowe, International Research Partnerships Manager (*[*robert.crowe@bristol.ac.uk*](mailto:robert.crowe@bristol.ac.uk)*)*  ***Deadline: 17:00 on Friday 6 March 2020*** | | | | | | | |
| Proposed Project Title: | | | | | | | |
| Proposed Start Date: | | | | | Duration of Proposed Visit: | | |
| **1. Applicant’s Details** | | | | | | | |
| Title: | | | First name: | | | Surname: | |
| Department or School: | | | | | Position: | | |
| Applicant’s Address: | | | | | Telephone Number: | | |
| Email: | | |
| **2. Host’s Details** | | | | | | | |
| Host’s Title: | | | First name: | | | Surname: | |
| Host Institution: | | | | | | | |
| Host’s Department or School:  Faculty: | | | | | Position: | | |
| Host’s Address: | | | | | Telephone Number: | | |
| Email: | | |
| **3. Existing Collaborations between UoB and the Host Institution** | | | | | | | |
| Please provide details of any research collaborations or educational links that already exist between your Department/School and the Department/School at the Host Institution, 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 Host Institution, and visa and insurance costs; 2. Accommodation and subsistence costs (award covers up to £1K per month); 3. Departmental contribution: please indicate whether your department (or other sources) is able to contribute towards the proposed visit. | | | | | | | |
| **Item** | **Breakdown of costs (please itemise)** | | | | | | **Total** |
| Travel costs |  | | | | | |  |
| Accommodation and 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 Host Institution | | | | | | | |
| 1. the anticipated benefits of the award to yourself, and to UoB, Host Institution 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. Please provide a 200 word summary of your trip for the IAS website** | | | | | | | |
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| **7. UoB Applicant’s CV (one page with up to three publications)** | | | | | | | |
| UoB Applicant’s one page CV attached to this application | | | | | | | |
| **8. Host Academic’s Supporting Statement (one page)** | | | | | | | |
| Host Supervisor’s Supporting Statement attached to this application | | | | | | | |
| **9. UoB Head of Department/School’s Supporting Statement (one page)** | | | | | | | |
| Head of School/Department’s Supporting Statement attached to this application | | | | | | | |
| **10. Statement from Applicant** | | | | | | | |
| I wish to apply for a **WUN Research Mobility 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@bris.ac.uk**](mailto:robert.crowe@bris.ac.uk)**.**  I agree that the University of Bristol 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. | | | | | | | |