

RETURNING CARERS' SCHEME

APPLICATION FORM

SECTION 1: PERSONAL DETAILS	
Name:	
Job title:	
Pathway and level:	
School/Department:	
Faculty:	
Date of application:	
SECTION 2: DETAILS OF LEAVE TAKEN	
Reason for leave taken:	
Start date of leave:	
End date of leave:	
SECTION 3: REQUEST FOR SUPPORT (total text for Section 3 not to exceed two sides of A4)	
Impact of leave taken on research activity/outputs:	
Level and nature of funding requested:	<i>Please provide total sum plus an itemised list of precise costs and nature of the support that this funding will cover, including the financial year/s during which the expenditure will fall.¹ Please confirm that there is no other form of external funding available to meet these costs.</i>
Reason(s) for funding request:	<i>Please set out how the funding requested will mitigate the impact that the time out of the workplace has had on your research activity and support the further development of your career as an independent researcher. Please include details of the research outputs/activity that will result from this funding.</i>

¹ Please note that the University financial year begins on 1st August.

SECTION 4: STATEMENT OF SUPPORT FROM HEAD OF SCHOOL/DESIGNATED AUTHORITY

Please provide confirmation that the proposal fits with School research priorities and that the funding will result in a positive contribution towards the research portfolio of the School, as well as any other information that you deem relevant to this application.

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Name of Head of School or Designated Authority:

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Signed:

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Date:

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Checking this box will be accepted instead of a signature if you are submitting this form via email

SECTION 5: STATEMENT OF SUPPORT FROM FACULTY RESEARCH DIRECTOR

Please provide confirmation that the proposal fits with Faculty/University research priorities and that the funding will result in a positive contribution towards the research portfolio of the Faculty, as well as any other information that you deem relevant to this application.

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Name of Faculty Research Director:

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Signed:

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Date:

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Checking this box will be accepted instead of a signature if you are submitting this form via email

Once completed, please return this form to your Faculty HR Manager

SECTION 6: CONFIRMATION FROM FACULTY HR MANAGER

Please provide confirmation that that all dates, costs, salary and financial year information is provided and commensurate with the details of the proposal (via liaison with Finance and Payroll as required) and that all sections of the form have been completed and are accurate (including the details of leave taken). Please include any amendments that need to be made prior to the proposal being given final consideration.

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Name of HR Manager:	
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Signed:		Date:	
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<input type="checkbox"/>	<i>Checking this box will be accepted instead of a signature if you are submitting this form via email</i>
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Once completed, please return to rcs-applications@bristol.ac.uk

RETURNING CARERS SCHEME APPLICATION DECISION	
Decision:	
Decision Date:	
Charge Code:	