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| **VISITING SCHOLAR APPLICATION FORM SCHOOL OF THE ARTS** | |
| **Section 1. PERSONAL DETAILS** | |
| Title (Mr/Mrs/Ms/Dr/Professor) |  |
| Family Name |  |
| First or Given Name |  |
| Middle or Other Names |  |
| Date of Birth |  |
| Gender |  |
| Nationality |  |
| Previous Last Name (*if applicable*) |  |
| Country of Birth |  |
| Passport Number |  |
| Passport Issue Date |  |
| Passport Expiry Date |  |
| Passport Country of Issue |  |
| Full address for correspondence:  Line 1  Line 2  City  Country  Postcode / Zip code |  |
| Telephone / Mobile number |  |
| Email |  |
| Fax |  |
| **Section 2. QUALIFICATIONS and OCCUPATION** | |
| Current Academic Institution |  |
| Occupation |  |
| Highest Qualification Held |  |
| Date Received |  |
| **Section 3. DETAILS OF VISIT** | |
| In which Department/School/Institute will you be based? |  |
| Please name the University of Liverpool academic staff member who you will have, or would like to have, as your ‘Liverpool Academic Contact’ (LAC) *(Please note: all Visiting Scholars are required to have an identified LAC during their time at Liverpool. Without this information the application cannot be processed).* |  |
| State reason for choice and any previous communication/collaboration with LAC |  |
| Proposed start date (mm/yyyy) |  |
| Proposed end date (mm/yyyy) |  |
| **Section 4. DESCRIPTION OF YOUR PROJECT** | |
| *Please note this should be the project you propose to do during your visit in the University of Liverpool* | |
| Project title. | |
| The abstract of the project (up to 200 words). | |
| Project proposal (up to 800 words). | |
| Project progress timeline during your proposed visit period. | |
| How does the proposed visiting to the University of Liverpool benefit the project? | |
| Proposed contribution to the University of Liverpool. (*Please note contributions generally include giving research seminars, jointly authored journal papers and joint grant applications with your host academic giving lectures/tutorials to students etc*) | |
| Please state your requirements in terms of facilities: | |
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| **Declaration of the applicant:**  I agree the payment of the agreed bench fee of £2000, (but which may be waived for suitable candidates) which will include the following services; General access to appropriate University buildings, access to University Computer Services, use of the University library with borrowing rights and access to all open School events.  I agree that my home institution will be covering my insurance for the duration of my visit.  I agree to acknowledge the University of Liverpool in any relevant dissemination of my work (dissertation, oral presentations, publications) by using the following statement:  *This work / part of this work was conducted during a research stay in the School/Department of ------------------ at the University of Liverpool. Their support is hereby gratefully acknowledged).* | |
| Signature:  Print name : | Date: |
| **Please attach a copy of your CV to this form.** | |

**Please ensure you have signed and dated the form before returning to the Operations Support Team. Forms without a signature will not be processed.**

**Completed forms should be submitted either by email to** [artsrecruit@liverpool.ac.uk](mailto:artsrecruit@liverpool.ac.uk) **or may be posted to the School Operations Support Team, School of the Arts, University of Liverpool, Room 1.18a first floor, 19 Abercromby Square, Liverpool L69 7ZG, UK.**

**Please read guidance notes and criteria before submitting application**

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| **Section 5. Liverpool Academic Contact’s Comments**  **(For UoL to complete on receipt of application)** | |
| Please state the reason why hosting the visiting scholar would benefit your work or why the application is being rejected.  What research outcomes would you expect to jointly produce with the visiting scholar during or after the proposed visiting period?   |  |  | | --- | --- | | Approved | Not approved | | |
| Signature:  Name printed : | Date: |