**EARLY CAREER FELLOWSHIP**

IAS Reference:

**APPLICATION FORM**

Please refer to the Funding Guidelines for this programme before completing the form. **The text in *italics* is for your guidance**. Electronic signatures are acceptable.

Incomplete applications and applications received after the call deadline cannot be considered for funding.

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| **APPLICANT INFORMATION** (Please complete) |
| **Applicant Full Name and Department:** |  |
| **Name and Dept of PhD Supervisor(s):**  |  |
| **PhD start date:** |  |
| **Please tick** **Full Time Part Time**  |
| **Actual/Planned submission date:** |  |
| **Actual/Planned completion date:** |  |
| **ACTIVITY STATEMENT** (500 words max – not a target) *Explain here, in note form if required, the proposed research and related activities during the Fellowship period. These activities should clearly demonstrate how the candidate with consolidate and develop their academic portfolio in order to prepare for an independent career.* |
|  |
| **SUITABILITY FOR FELLOWSHIP** (250 words max – not a target) Describe in note form, if required, the personal experience and achievements that equip you to undertake this Early Career Fellowship e.g. research outputs (e.g. papers, patents, and reports), work experience, relevant grants or awards. How will this particular Fellowship facilitate your career ambitions? |
|  |
| **REFEREES** Application is not complete until references are received via the Microsoft forms. Usually, one referee will be the current research mentor. Ask referees to consider the Funding Guidelines. |
| **Referee #1 Name** |  |
| **Referee #1 dept./centre and email:** |  |
| **Relationship to applicant:**  |  |
| **Referee #2 name** |  |
| **Referee #2 dept./centre, email:** |  |
| **Relationship to applicant:**  |  |
| **DECLARATION OF SUPPORT BY HEAD OF DEPARTMENT / RESEARCH CENTRE** |
| I support the application; I agree to provide necessary facilities; I confirm that the project would not entail a significant increase in use of any University services and that any health and safety and ethical requirements would be covered.  |
| **Signature:** |  |
| **Name** |  |
| **Date:** |  |
| **DEPARTMENTAL ADMINISTRATOR APPROVAL** |
| **Signature:** |  |
| **Name** |  |
| **Date:** |  |