**APPLICATION FORM**

IDS VISITING RESEARCH FELLOWSHIP or STUDY FELLOWSHIP

Sections 1 – 6 are to be completed by the applicant, and Sections 7 and 8 are to be completed by the prospective IDS Sponsor/Supervisor and Visiting Fellow Co-ordinator. The whole form with completed should be sent (preferably by e-mail) to the Visiting Fellow Co-ordinator in IDS (g.males@ids.ac.uk).

The form should be accompanied by a CV providing full details of your qualifications, employment, research/consultancy/teaching, and your publications.

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| ***To be completed by the applicant in collaboration with the IDS sponsor***

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| 1. **Applicant details**
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| Family name |  |
| Forenames |  |
| Title (Mr/Mrs/Dr etc.) |  |
| Date of birth |  |
| Nationality |  |
| Address for correspondence |  |
| Telephone number (mobile and landline)  |  |
| Email address |  |
| Current institution |  |
| Do you need a visa?  | YES | NO |
| Please summarise your academic background and its relevance to the proposed visit to IDS |  |  |
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| **2. Academic sponsor at IDS** |
| Name |  |
| Email address |  |
|  |  |
| **3. Timings of the Fellowship** |
| Proposed start date |  |
| Proposed end date |  |
| Are your dates flexible?  | YES (please specify)  | NO |
| Total number of months |  |
|  |  |
| **4. Planned study/teaching/research programme and collaboration IDS** |
| Please outline the areas of interest that you will work on while at IDS.Please include a lead/contact for each.Complete and attach additional sheet if required. | *E.g.: tax collection in sub-Saharan Africa* |
| Please outline the particular programmes, projects, research, teaching or other activities with which the VF will be involved while at IDS.  |  |
| Describe the purpose of your visit to IDS and how a period of time spent at the Institute will add value to your research or other goals. Please be as specific as possible |  |
| Please summarise the expected outputs during/after the visit (NB VFs are required to deliver one seminar or equivalent event during their stay)  |  |
| Please summarise previous collaborations with IDS (if any) |  |
| Please comment on the relevance of your application to the Institute’s strategic priority areas and how you expect the Institute to benefit from your visit  |  |
| **5. Financial and non-financial support**  |
| Please specify any particular IDS academic engagement/input/support you require for your visit to be successful  |  |
| Do you already have adequate funding to cover all travel, living and research costs? *(please delete as appropriate)* | YES | NO |
| If YES please name the funder |  |
| If NO, please outline details of how funds are to be secured in advance of your visit |
| Do you have any particular support requirements (e.g. arising from a disability)? If so, please specify.  |  |
| Do you require a letter of support from the Institute?  | YES | NO |
| **6. Conflict of interest** |
| Do you have any conflict of interest (e.g. employee of a competitor institution)? NB this will not necessarily exclude you from the Scheme but may require specific management  |  |
| ***To be completed by the IDS sponsor*** |
| **7. Sponsor** |
| How does the applicant/application meet the terms of the Scheme in particular, the expected benefits to the Institute? Please be as specific as possible  |  |
| Please comment on the applicant’s credentials for the award of an IDS Visiting Fellowship |  |
| Please comment on the applicant’s credentials for the award of an IDS Visiting Fellowship |  |
| Please confirm your own availability to meet the VF on arrival and support them during their stay. Please be specific about planned activities/actions  |  |
| **8. Cluster leader** |
| Please add any additional comments about the application and its fit with the cluster’s work/plans |  |

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Applicant: I have read and understood the VF agreement and will abide by it if my application is successful

Signed ………………………………………………………… Date.......................................

Sponsor………………………………………………………… Date.......................................

 Cluster/Unit Leader………………………………………… Date………………………………………..

PLEASE FORWARD THE COMPLETED FORM AND CV TO THE VISITING FELLOW CO-ORDINATOR (g.males@ids.ac.uk)

For IDS Directorate use only:

Approved …………………………………….. Date ………………………………