**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](mailto: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.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***To be completed by the applicant in collaboration with the IDS sponsor***   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 1. **Applicant details** | | | | | | | | | | 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 | |  | |  | | | | | |  | |  | | | | | | | | **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 | | |  | | | | | |  |  | | --- | |  | |

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](mailto:g.males@ids.ac.uk))

For IDS Directorate use only:

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