

CALEDONIAN RESEARCH FOUNDATION/RSE EUROPEAN VISITING RESEARCH FELLOWSHIPS

Visits from Scotland to Europe

Please read the enclosed regulations carefully before completing this application form. This form should be completed in TYPESCRIP and a signed, hard copy should be returned, and an electronic copy sent via e-mail to resfells@royalsoced.org.uk, no later than **Friday 2 November 2007**.

1. APPLICANTS DETAILS	
Surname :	Mr/Miss/Ms/Mrs/Dr/Prof/Other Please ring correct title or specify
Forename(s):	
Correspondence address :	
Telephone number :	Fax number :
E-mail :	Nationality :
2. PRESENT APPOINTMENT	
Name and address of employer :	
Your Position :	Date of Appointment :

3. APPLICANT'S ACADEMIC CAREER

Please list degrees, qualifications, prizes, honours, major publications, recent research grants

4. DETAILS OF PROPOSED VISIT (Please continue on separate sheet if necessary).

Date(s) of visit:

Duration of visit:

Place(s) of study:

Do you speak the language of the country you propose to visit: YES/NO (please ring)

Other sources of support for visit if (any):

Main contact(s) at place(s) of study:

Main object of study (if necessary continue on 1 x A4 page), including relevance to current research:

5. COLLABORATION

Please give details of expected or intended collaboration and assistance from other academics in the Institutions to be visited during the course of the Fellowship. The extent of future collaboration at the conclusion of the Fellowship should also be shown.

6. COSTS OF VISIT

	£
Travel (please give details on mode(s) of transport):
Subsistence:
Any other relevant costs (please specify):
TOTAL COSTS
Deduct:	
Support from other organisations: (please provide names and amounts):
TOTAL REQUIRED FROM CRF/RSE	<u>.....</u>

7.

REFEREES

Please give the names, addresses, e.mail addresses, telephone and fax numbers of two referees:

1.	2.
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8.

CONDITIONS

I, *the Applicant*, have read the regulations provided with this form and agree to adhere to them if offered a Fellowship

Signature:

Date:

We, *the Applicant's* Institution, have read this application and the regulations, and agree that if a Fellowship is awarded to the applicant, we would provide any necessary study leave specified. (This statement should be signed by an appropriate senior member of staff, eg Head of Department.)

Signature:

Date:

Name : (BLOCK CAPITALS)

Position :

Institution :

CALEDONIAN RESEARCH FOUNDATION/RSE EUROPEAN VISITING RESEARCH FELLOWSHIPS

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CONFIDENTIAL REFEREE REPORT

Please complete this box in block capitals

APPLICANT :

PROPOSED PLACE OF VISIT :

I, the above named applicant, have supplied your name and address as a referee and would be grateful if you could provide a confidential report below. **Please return this form by 2nd November 2007** to the Research Awards Co-ordinator, The Royal Society of Edinburgh, 22/26 George Street, Edinburgh EH2 2PQ, Scotland, email resfills@royalsoced.org.uk.

REFEREE'S DETAILS

SIGNED :

NAME : (BLOCK CAPITALS)

E.mail address:

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EUROPEAN VISITING RESEARCH FELLOWSHIPS**

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SIGNED :

NAME : (BLOCK CAPITALS)

E.mail address: