

**Visiting Scholar Scheme**

**Application Form**

**SECTION A:**

**A1: PERSONAL DETAILS**

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| --- | --- | --- |
| **Title (Mr / Mrs / Miss / Ms/ Dr/ Professor)** |  | **Family Name on 16th Birthday** |
|  |  |  |
| **Family Name** |  | **First / Given Name(s)** |
|  |  |  |
| **Main Contact Address** |  | **Home Address (if different)** |
|  |  |  |
|  |  |  |
|  |  |  |
| **Postcode** |  | **Postcode** |
|  |  |  |
| **Main Contact Telephone Number** |  | **Mobile Phone Number** |
|  |  |  |
| **Home Telephone Number (if different)** |  | **Fax Number** |
|  |  |  |
| **E-mail Address** |  |  |
|  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SEX: Date of Birth** (e.g. 15/03/1972)   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Day | | Month | | Year | | | | |  |  |  |  |  |  |  |  |   Male (M)  Female (F) |

|  |  |
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| **DISABILITY/SPECIAL NEEDS**  If you have a disability / special need and may require extra support in your study or accommodation, please  enter in the box the type of disability code (See Notes for Guidance)  Please give details of the disability(ies) and indicate clearly what help you may require:   |  | | --- | |  |   If you are student:  Are you in receipt of Disabled Students’ Allowances? Yes/ No |

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| **CRIMINAL CONVICTIONS:**  If you have a relevant criminal conviction, enter X in the box  See Notes for Guidance for a definition of relevant convictions. |

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| **HOW DID YOU HEAR ABOUT US?** Please indicate how you heard of the University’s research programmes: e.g. Prospectus, Advertising Source, website, personal recommendation (university website) |

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| **Nationality:** |  | **Area of Permanent Residence:** |
|  |  |  |
| **Country of Birth:** |  | **If country of birth is not UK, when did you first come to live in the UK?** |
|  |  |  |
| **Have you lived outside the UK during the past three years? (YES/NO)** |  | **Residential Category (please see notes**  **for guidance):** |
| Yes |  |  |
| **If YES Please**  **give details:** |  | **Who will be paying your tuition fees/bench fees?\* (please give full name and address)** |
|  |  |  |
| **National Insurance Number (or equivalent)** |  | **Passport Number (or National ID number)** |
|  |  |  |

\* Visitor Fixed Fees are £4,200 per annum (£2100 pro rata half year). Additional materials required will be charged separately via a Research Support Fee (if required).

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| **PLANNING STATISTICS** (For statistical purposes only)  Please choose from the ethnic origin terms printed in the Notes for Guidance which you feel most clearly   |  | | --- | |  |   describes your ethnic origin and write its code in the boxes. National Identity Code   |  |  | | --- | --- | |  |  | |

**QUALIFICATIONS GAINED:** (*Degree level and above only*)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of Qualification**  (including Awarding Body) | **Duration/ Date (mm/yy – mm/yy)** | **Subject(s)** | **Result** | **Level/**  **Credit Rating** | **Mode of**  **Study**  (Full /part  time) | **Place of Study**  (College/University) |
|  |  |  |  |  |  |  |
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**ENGLISH LANGUAGE QUALIFICATION** (for visiting scholars who are students):

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| --- | --- |
| Please complete if you are an international student and/or your native language is not English and **append evidence of score** (minimum required – IELTS score of 5.5.) | |
| **TOEIC Score** |  |
| **IELTS Score** |  |
| **Other Score (Please specify)** |  |

**A2: ACADEMIC REFERENCES:** (Please give the names, qualifications, positions and addresses of two academic references to whom an approach may be made by the appropriate Research Institute or Approved Unit)

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| --- | --- | --- |
| **Name of Referee 1** |  | **Name of Referee 2** |
|  |  |  |
| **Position** |  | **Position** |
|  |  |  |
| **Address** |  | **Address** |
|  |  |  |
| **Telephone Number** |  | **Telephone Number** |
|  |  |  |
| **Fax Number** |  | **Fax Number** |
|  |  |  |
| **E-mail Address** |  | **E-mail Address** |
|  |  |  |

**SECTION B: DETAILS OF VISIT**

**B1: HOME INSTITUTION**

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| --- | --- | --- |
| **Name** |  | **Address** |
|  |  |  |
| **Department** |  | **Your Position and duties** |
|  |  |  |
| **Previous collaboration with University of Wolverhampton** |  | **How did you hear about this position** |
|  |  |  |

**B2: COLLABORATING INSTITUTION**

*Confidentiality/Collaboration agreements must be received by the Faculty Research Committee in order for the registration to take effect*

|  |  |
| --- | --- |
| Will the proposed research project involve work, or support from, external University, Institute or Company? (please tick) | **Yes No** |
| If **YES**, please insert the name & address : |  |

**B3: ETHICAL IMPLICATIONS:**

*Refer to the University’s Research Policy Unit’s Ethics Guidance webpages and handbook for Ethical Approval & Practice Procedures.*

|  |  |
| --- | --- |
| Will the proposed involve formal approval by an Ethics Committee? (Please tick) | **Yes No** |
| If **YES**, which internal and external committees will be approached : |  |

**B4: RESOURCE IMPLICATIONS:**

*Please detail in this section ALL projected resource implications for the duration of the project. Against each item, please state who will be responsible for funding (e.g. Research Institute, approved Unit, Faculty, Student, Collaborating Institution, Sponsor). If the funding is yet to be sought for individual items, please state the contingency agent responsible should the application for funding fail.*

|  |  |
| --- | --- |
| **REQUIREMENT** (please add as appropriate) | **AGENT RESPONSIBLE FOR FUNDING** |
| **Tuition fees/Bench fees** |  |
| **Consumables** |  |
| **Research Visits** |  |
| **Training** |  |
| **Conference attendance** |  |
| **Other (please specify)** |  |

**B5: VISIT DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| Dates of Proposed Visit *(Please include both start and end dates for the visit)* | |  |  |
| **Proposed Academic activities** | | | |
| Summary of Proposed Research Activities *(Please include brief details of purpose and methodology of research, facilities likely to be required and any likely publications)* | | | |
|  | | | |
| Expected outputs | | | |
| **Additional Information:** | | | |
| **CV attached** | **Yes No** | | |

**SECTION C: APPROVAL OF VISIT**

**School**

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| --- | --- | --- |
| **Name** | **Signature** | **Date** |
| **Head of School:** |  |  |

**FSE Research**

|  |  |  |
| --- | --- | --- |
| **Name** | **Signature** | **Date** |
| **Postgraduate Research Tutor:** |  |  |
| **Associate Dean (Research):** |  |  |

**FSE Finance**

|  |  |  |
| --- | --- | --- |
| **Name** | **Signature** | **Date** |
| **Assistant Registrar (Resources)** |  |  |