**University of Edinburgh**

**School of Divinity: Application for Visiting Fellowship**

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| --- | --- | --- | --- | --- | --- | --- |
| Title |  | Forename: |  | | Surname: |  |
| Job Title | |  | | | | |
| Institution name and address | | |  | | | |
| Home address | | |  | | | |
| Email address | | |  | | | |
| Proposed Visit Start Date (DD-MMM-YYYY) | | | |  | | |
| Proposed Visit End Date (DD-MMM-YYYY) | | | |  | | |
| EU or Non-EU National | | | | EU / Non-EU | | |
| Outline of Research Proposal | | | | | | |
| Anticipated Output of Research | | | | | | |
| Research collaborations and/or research funding initiatives that could be developed, during the proposed visit, with academic staff in the School of Divinity. | | | | | | |
| Names, affiliation, and electronic contact details of two referees, one of whom must be from the applicant’s own academic institution. | | | | 1.  2. | | |

Pease also complete the following information, which will only be required for Visitor Registration, if Visiting Fellowship is approved:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date of Birth (DD-MMM-YYYY) | |  | | Gender | | |  |
| Mobility Impaired | Yes / No | | Wheelchair User | | | Yes / No | |
| Hours per week to be spent in New College during visit | | | | |  | | |