**University of Edinburgh**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 |  |