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**Application for funding for a Networking Partnership Award 2021-22**

# How to complete the form

Please read the *guidance for Networking Partnership Awards* before completing this form.

Please type throughout (minimum 10pt.), confining your answers to the spaces provided.

Completed application forms and references should be sent to info@cbrl.ac.uk

**This is a rolling call, please check our website to see if it is still open for this year.**

### 1. UK INVESTIGATOR DETAILS

|  |  |  |
| --- | --- | --- |
| Full name (surname underlined) and title |  | Address for correspondence |
|  |  |
|  |
|  |
|  |  |

|  |  |  |
| --- | --- | --- |
| Nationality / dual nationality |  | Email address |
|  |  |  |

Please confirm that you are ordinarily resident in the United Kingdom. (Please tick) [[ ] ]

### Present appointment and employing institution. If on fixed-term contract, please indicate the end-date of contract.

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|  |

**LEVANT INVESTIGATOR DETAILS**

|  |  |  |
| --- | --- | --- |
| Full name (surname underlined) and title |  | Address for correspondence |
|  |  |
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|  |  |  |
| --- | --- | --- |
| Nationality / dual nationality |  | Email address |
|  |  |  |

Please confirm that you are ordinarily resident in the Levant. (Please tick) [[ ] ]

### Present appointment and employing institution. If on a fixed-term contract, please indicate the end-date of contract.

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I confirm that I am not presently registered on a PhD programme, nor awaiting the outcome of my viva. (Please tick)[[ ] ]

Other persons involved in the direction of the proposed activities:

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2. DETAILS OF FUNDING REQUESTED

Does your application relate to one of CBRL’s research themes? If so, please state which one.

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Title of **networking partnership proposal** (**in bold**) and summary (in not more than 50 words).

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| --- | --- | --- |
| Sum requested from CBRL |  | Total estimated cost (if greater and funds being brought from elsewhere) |
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#### 3. PARTICULARS OF RESEARCH APPLICATION

|  |  |  |
| --- | --- | --- |
| What is the starting date and proposed duration of the proposal? |  | What is the estimated date of completion? |
|  |  |  |

### 4. SCHEME OF RESEARCH

If applicable, please tick the box if the appropriate permission(s) has/have been obtained to carry out the proposed activities [[ ] ].

Please describe in the space provided below, your academic proposal for the project for which you are seeking an award indicating how it may develop in the future.

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Please describe in the space provided below, the logistics for the project, including a timetable for the proposed work.

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Are non-English languages required for the research? If so, please provide a statement on whether you have the necessary language skills, or what alternative strategy will be adopted to undertake the research.

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**5. ETHICAL PROCEDURES**

CBRL requires that you follow the code of ethics for field research recommended by your academic institution.

Could you please confirm, by ticking the following box, that you have read and will follow the ethical guidelines of your institution: [[ ] ]

CBRL requires that you undertake the risk assessments for field research recommended by your academic institution.

Are there any particular risks or ethical issues you would like to highlight to the CBRL research committee?

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# 6. OUTCOME AND PUBLICATION

Describe briefly the intended outcome of your proposed programme e.g. publication or grant proposal.

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**7.** **FINANCIAL DETAILS**

Give a breakdown of the total costs to be incurred, specifying particular items for which application is being made to CBRL. Please tabulate this information. Claims for maintenance should be expressed as *x days at y pound sterling.* If you require in-region advice to prepare your budget please contact staff at the appropriate institutes.

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Have you made any other applications in connection with this proposal? If so with what results (list by sponsor showing amount awarded)? *Please keep CBRL informed of any other such applications.*

|  |  |  |
| --- | --- | --- |
| Fund/organisation | Amount requested | Result (or date expected) |
|  |  |  |

#### 8. SUMMARY OF ACADEMIC CAREER

Please provide details of your principal relevant publications (maximum of six per applicant) as well as any extant unpublished projects and their publication states.

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### 9. MEMBERSHIP

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| --- | --- | --- | --- |
| Are you presently a CBRL member? |  |  | To be eligible to apply at least one applicant must be a CBRL member (you may apply for membership when you submit your application for the award). |

**10. SIGNATURES**

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| --- | --- | --- |
| UK Applicant’s signature |  | Institutional authorisation (where applicable, for example Head of Research or Finance Office) |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Name |  | Position |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Date |  | Date |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Levant investigator signature |  | Institutional authorisation (where applicable, for example Head of Research or Finance Office) |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Name |  | Position |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Date |  | Date |
|  |  |  |

Please send the completed form to: info@cbrl.ac.uk