**CBRL NETWORKING PARTNERSHIP AWARD**

**APPLICATION FORM 2024-25**

Please type throughout (minimum 10 pt), keeping your answers concise and to the word limits, where specified.

It is essential to consult the CBRL Guidance Notes before completing this form.

ONE referee is required, external to the applicant’s institution. The referee should not have a formal or informal Conflict of Interest with the applicant.

Applications should have the approval of the applicant’s institution.

**Deadline for applications: Midnight GMT, Sunday 24 March 2024**

**Deadline for references: Midnight GMT, Sunday 24 March 2024**

**Applications and references should be sent to:** **info@cbrl.ac.uk****.**

*The application is relevant to the following CBRL research theme(s):*

Heritage – understanding the past and its present impacts [ ]

States, societies and cultures of the Levant [ ]

Cities and urbanisation [ ]

Refugees, migration, displacement, and diasporas [ ]

Challenges of sustainability and resilience [ ]

### **1.** **UK INVESTIGATOR DETAILS**

1. Title (Dr/Professor)

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2. Name (middle name optional, please underline the last name/surname)

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3. Present position

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4. University/Higher Education Institution and employing institution. If on fixed-term contract, please indicate the end-date of contract.:

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5. Address for correspondence:

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6. Email address:

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7. Telephone number (include country code):

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8. Country of residence:

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|  |

9. Nationality / dual nationality



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

**LEVANT INVESTIGATOR DETAILS**

1. Title (Dr/Professor)



2. Name (middle name optional, please underline the last name/surname)



3. Present position



4. University/Higher Education Institution and employing institution. If on fixed-term contract, please indicate the end-date of contract.:



5. Address for correspondence:

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6. Email address:



7. Telephone number (include country code):



8. Country of residence:



9. Nationality / dual nationality



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

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

11. Other persons involved in the direction of the proposed activities:



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

13. What is the starting date and proposed duration of the proposal?

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14. What is the estimated date of completion?

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15. Total estimated cost (if greater and funds being brought from elsewhere)

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16. Sum requested from CBRL:

|  |
| --- |
| £ |

Other sources to which application is being made, (specifying amounts), and the result where known:



17. If relevant, have the necessary permits and permissions been obtained? Please provide details

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18. Financial breakdown. Give total budget and show in **bold** those items for which CBRL funding is requested for where funding for the project is from more than one source.

*(Examples of categories of expenditure: International Travel, Local Travel, Accommodation, Subsistence, Consumables, Research Assistants. Include a unit cost and a multiplier for each item of expenditure, with justification for these amounts, as relevant).*

*Copies of receipts for all expenditure must be submitted to CBRL.*

|  |  |
| --- | --- |
| **Category of Expenditure** | **£** |
|  |  |
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|  |  |
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|  |  |
|  |  |
| Total in GBP |  |

19. 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.

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



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



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



☐ **I understand ethics clearance for this project needs to be completed before receipt of the award.**

☐ **I understand that CBRL needs a copy of my risk assessment before any travel is undertaken.**

23. Name and address of referee.

ONE referee is required, external to the applicant’s institution.

Applications MUST have the approval of the applicant’s institution.

Please send the reference form to the referee to complete and submit to the CBRL Executive Officer by the deadline of **Sunday 24 March 2024.**

|  |
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| Name:  |
| Address: |
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24. Signature and date of UK applicant(s)

Double-click to upload signature file

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|  |
| Print Name: |
| Date: |

25. Institutional signature and/or stamp

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|  |
| Print Name: |
| Position: |
| Date: |

26. Signature and date of Levant applicant(s)

Double-click to upload signature file

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|  |
| Print Name: |
| Date: |

27. Institutional signature and/or stamp

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| --- |
|  |
| Print Name: |
| Position: |
| Date: |

Applications and references should be sent electronically to:

CBRL Executive Officer: info@cbrl.ac.uk

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