

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.	and to the word innes, where
It is essential to consult the CBRL Guidance Notes before completing this	s form.
ONE referee is required, external to the applicant's institution. The refe or informal Conflict of Interest with the applicant.	ree should not have a formal
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)	
2. Name (middle name optional, please underline the last name/surnam	ne)
3. Present position	

 University/Higher Education Institution and employing institution. If on fixed-term contract, ndicate the end-date of contract.: 	, ple
]
. Address for correspondence:	
. Nauress for correspondence.	
	l
. Email address:	
]
. Telephone number (include country code):	
	•
. Country of residence:	
Nationality / dual nationality	
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☐] Please confirm that you are ordinarily resident in the United Kingdom. (Please tick)	
EVANT INVESTIGATOR DETAILS	
. Title (Dr/Professor)	

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

3. Present position					
4. University/Higher Educa indicate the end-date of co		nd employing in	stitution. If on fi	xed-term contract,	please
					_
5. Address for corresponde	ence:				
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6. Email address:					
7. Telephone number (incl	ude country code	e):			

8. Country of residence:

_	
. N	lationality / 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 outconny visa. (Please tick)
1.	Other persons involved in the direction of the proposed activities:
.2.	Title of networking partnership proposal (in bold) and summary (in not more than 50 words).
3.	What is the starting date and proposed duration of the proposal?
4.	What is the estimated date of completion?
	·
5.	Total estimated cost (if greater and funds being brought from elsewhere)
	3 3 3

16. Sum requested from CBRL:

£	
Other sources to which application is being made, (specifyi	ng amounts) and the result where known:
other sources to which application is being made, (specify)	ing amounts), and the result where known.
17. If relevant, have the necessary permits and permission	s been obtained? Please provide details
L	
18. Financial breakdown. Give total budget and show in l requested for where funding for the project is from more t	_
(Examples of categories of expenditure: International Subsistence, Consumables, Research Assistants. Include a expenditure, with justification for these amounts, as releva	unit cost and a multiplier for each item of
Copies of receipts for all expenditure must be submitted to	CBRL.
Category of Expenditure	£

Total in GBP

. Please describe in the space proposed work.	orovided below,	the logistics for	the project, inclu	uding a timetable

☐ 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. 25. DNE referee is required, external to the applicant's institution. 26. Applications MUST have the approval of the applicant's institution. 27. Please send the reference form to the referee to complete and submit to the CBRL Executive Officer	21. Describe briefly the intended outcome of your proposed programme e.g. publication or graph proposal.
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	Address:
	24 Cignature and data of LIV applicant/s)
Jouble-Click to upload signature file	
	Double-click to upload signature file
Print Name:	Print Name:

Date:
25. Institutional signature and/or stamp
<u>X</u>
Print Name:
Position:
Date:
26. Signature and date of Levant applicant(s)
Double-click to upload signature file
Print Name:
Date:
27. Institutional signature and/or stamp
Print Name:
Position:
Date:

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