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**APPLICATION FORM FOR HONORARY APPOINTMENTS**

**Please note the following:**

* Applications should be accompanied by a CV, including a list of publications, of *no more than three pages*;
* If applicable, applications should be accompanied by a SOAS Research Ethics Form (information and form can be found at: <http://www.soas.ac.uk/researchoffice/ethics/>)

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| **Type of Honorary appointments:**  (please indicate where appropriate) | Visiting Scholar |  |
| Research Associate |  |
| Post-Doctoral Research Associate |  |
| Professorial Research Associate |  |
| **New Request or Renewal of existing status:** (please state) |  | |
| **Family Name:** |  | |
| **Forename(s):** |  | |
| **Known as** (if different**):** |  | |
| **Title: Prof/Dr/Mr/Ms/Other** |  | |
| **Address for Correspondence:** |  | |
| **Email Address:** |  | |
| **Current position of applicant:** |  | |
| **Affiliation to SOAS Department/Centre/Institute:** |  | |
| **Name of main collaborator in the Department/Centre/Institute:** |  | |
| **Title of proposed project:** |  | |
| **Proposed Dates of Visit from/to:**  (please use format DD/MM/YYYY) |  | |
| **Description of proposed project (not more than 250 words)** | | |
| **Description of other proposed activities to support the department e.g. participation in seminars, provision of a guest lecture, joint grant proposals, involvement in a research cluster (not more than 150 words)** | | |

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| **Relevant academic and professional expertise (not more than 200 words)** |

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| **Statement of support from main collaborator in the Department (staff member). Please indicate support for this application and what steps have been taken to facilitate the proposed activities (not more than 150 words)** |

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| **Applicant’s signature, which also indicates that the applicant agrees to conform with SOAS research ethics requirements (if applicable):**  Signed (Applicant): .. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Date: . . . . . . . . . . . . . .  Signed (Dept/Centre/Institute member): ….. . . . . . . . . . . . . . . . . . . . . . . . . . Date: . . . . . . . . . . . . . . |

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| Completed forms should be sent to relevant Department/Centre/Institute |

