

Ethox Academic Collaboration Visits

Application Form

**Personal Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | Given Name(s) |  |
| Nationality:  |  |

**Contact**

|  |  |
| --- | --- |
| Postal Address:  |  |
| Post Code:  |  | Country:  |  |
| Daytime Telephone:  |  | Mobile:  |  |
| Email Address:  |  |

**Proposed Research at Oxford**

|  |  |  |  |
| --- | --- | --- | --- |
| Proposed dates (visits are usually for up to 4 weeks) | From:  | To: | (DD/MM/YY) |
| Purpose of application (subject of research) |  |

|  |  |
| --- | --- |
| Name of Ethox researcher/student who you will collaborate with.  |  |
| Please describe how your project relates to the research priorities of the Ethox Centre. |  |
| What are the expected outputs of your visit? |  |

**Home Institution**

|  |  |
| --- | --- |
| Position in Your Home Institution:  |  |
| Name of Institution:  |  |

**Referee from home institution**

|  |  |
| --- | --- |
| Full Name |  |
| Title/Position |  |
| Department/organisation |  |

**Additional Materials** Please include with this application:

• CV

• Research proposal (1 page A4)

Please send the completed form and additional materials by email to: admin@ethox.ox.ac.uk