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**The AHGBI-WISPS**

**Dorothy Sherman-Severin Research Fellowship**

**for Early-Career Researchers in Luso-Hispanic Studies (2022-23)**

**APPLICATION FORM**

**1) Contact details**

|  |  |
| --- | --- |
| **Title** |  |
| **Name** |  |
| **Surname** |  |
| **Email** |  |
| **Telephone** |  |
| **Institution** |  |

**2) DETAILS OF CURRENT APPOINTMENT AND BRIEF CAREER HISTORY**

Please state your current post below and attach a separate CV (max. one A4 side) with your application.

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**3) TITLE OF PROJECT AND SUM REQUESTED**

|  |  |
| --- | --- |
| **Project title (max. 20 words)** |  |
| **Sum requested** | **£** |

**4) PROPOSAL**

**4.1) Detailed summary of project, including aims and research question(s) (max. 500 words).**

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**4.2) Timetable or milestones for completion and projected outputs (max. 300 words)**

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**4.3) Is this a new project or part of an existing project?**

NEW / EXISTING

**4.4) Have you submitted applications to any external funding body for this project?**

YES / NO

If YES, please provide details, including whether the application is for funding for the same activities or complementary funding and whether you were successful.

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**4.5) If you have been successful in applying to any external funding body for previous projects, please provide details of former grants:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Title of project** | **Funding body**  | **Amount awarded** |
|  |  |  |  |

**4.6) Why are you applying to the Fellowship? (max. 100 words)**

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**5) PARTICULARS OF COSTS**

Give a breakdown of the total costs that will be incurred:

|  |  |
| --- | --- |
| **Item of expediture** | **Cost (£)** |
| **1) Travel Expenses** (please itemise each journey)**2) Subsistence whilst away from home** (please express costs in terms of x days at y pounds)**3)** **Replacement teaching**(please express costs in terms of x hours at y pounds)**4) Other** (please specify and provide justification for such costs in the box below) |  |
| **Total:** |  |

**5.1) Further details and justification of costs** (where applicable).

If you are planning to cover part of the costs of your project through other sources of funding, including self-funding, please indicate so below.

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**6) SIGNATURE OF APPLICANT**

I confirm that all details given in this application are correct to the best of my knowledge and that I have consulted with my Head of Department about the implications for the department should my application be successful.

Signed:

Date:

**7) SIGNATURE OF HEAD OF DEPARTMENT**

I confirm that this is an accurate reflection of identified costs required for the completion of the project and that the application has received the support of the applicant’s institution.

Signed:

Date: