

Request for Research Visit Form



Please return with all required supporting documentation to:
**Director of Graduate School, Newman University, Genners Lane,
 Bartley Green, Birmingham, UK, B32 3NT**

1. Personal Details							
Title (Prof, Dr, Mr, Mrs, Miss, Ms, etc.):			Affix photo here				
Family Name:							
First/Personal name(s) (in full):							
Familiar name (if different from above):							
Date of birth:	Nationality:						
Country of residence:	Sex (male/female):						
Visa required ?	Yes	No					
Please ensure that you attach a copy of your CV when returning this form							
2. Address Details							
Home address		Current institution address and department (this will be used for any correspondence):					
Country:		Country:					
Postcode/Zip:		Postcode/Zip:					
Tel:		Tel:					
Mobile:		Mobile:					
Email:		Email:					
3. Disabilities - please tick accordingly to register any special need(s)							
Autistic	<input type="checkbox"/>	Blind/Visually impaired	<input type="checkbox"/>	Deaf/Hearing impaired	<input type="checkbox"/>	Dyslexia	<input type="checkbox"/>
Other Learning Difficulty	<input type="checkbox"/>	Mental Health needs	<input type="checkbox"/>	Mobility problems	<input type="checkbox"/>	Multiple disabilities	<input type="checkbox"/>
Unseen disability	<input type="checkbox"/>	Other	<input type="checkbox"/>				
If you selected 'Other' please specify:							
4. Proposed area of research:							
5. Name of host academic (if known):							
6. Position in your institution:							
7. Confirmation from home institution:							
Do you have permission from your institution for this visit? If yes, please attach letter of confirmation			Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Contact name and details of your Dean (or equivalent) at your institution:							

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8. Date of proposed visit:				
9. Summary of proposed research activities:				
10. Any other information:				
11. Academic qualifications				
Please list details below (most recent first) of qualifications which you have gained				
Photocopies of all academic qualifications must be enclosed with this request.				
Name of institution and address	Qualification, subject name and awarding body	Date of award		
12. How will you finance your visit (Please tick below and provide further information where required):				
I will be paying my own fees and living expenses.	Yes		No	
My fees and living expenses will be paid for by a scholarship or grant.	Yes		No	
I will be sponsored by my employer or another organisation.	Yes		No	
If you expect to receive a grant, scholarship or sponsorship, please give further details:				
13. Accommodation: Please note that whilst every effort is made, to find suitable accommodation there is no guarantee.				
Newman University has limited accommodation available.				
Do you require university accommodation?	Yes		No	
If yes, from which dates	To		From	
If no, do you require assistance in sourcing private accommodation?	Yes		No	
If yes, from which dates	To		From	
14. Criminal Convictions				
Newman University has a duty to ensure the safety and security of its students and staff. Please tick the relevant boxes below:				
Do you have any criminal convictions?	Yes		No	
Such a disclosure does not automatically exclude you from the process but the University reserves the right to ask for further information about the conviction. Please note that if you are applying for an area where you will be working with children, you will need a police check equivalent certificate from your home country. (Please ensure that you have this certificate in the original language and translated into English.)				
15. Declaration				
I confirm that the information given on this form is true, complete and accurate and that I have not withheld any information relevant to my application. I understand that in accordance with the Data Protection Act my information will be held electronically. I understand that any offer received of facilities and assistance as a visiting scholar will be based on the information given in this application and that if I am found to have supplied false information, any such offer will be withdrawn.				
Signature:			Date:	

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16. For office use only:	
Date request received:	

17. Copy sent to (including date):				
Director of Graduate School	Yes		Date	
Dean of School	Yes		Date	
Host Academic	Yes		Date	
Accommodation	Yes		Date	
Finance	Yes		Date	

18. To be completed by Host Academic	
Name of agreed host academic:	
Accept: Yes/No	
Dates of visit (if different from above)	
Signature:	Date:

19. To be completed by Dean of School / Director of Graduate School	
Visit Approved: Yes/No	
Comments:	
Signature:	Date:

20. To be completed by Director of Graduate School (if approved)	
Confirmed fees:	£ per semester/per month
Comments: <i>e.g. reasons for fee structure, suggestions/guidance on research proposal etc</i>	
Signature:	Date:

21. To be completed by Finance (if applicable)	
Fee payable:	
Date invoiced:	
Signature:	Date: