



# Caird Senior Research Fellowship

## Application form

Title: \_\_\_\_\_ Full name: \_\_\_\_\_

Permanent home address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Current institution (university, college, museum, or other): \_\_\_\_\_

Current position: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Summary of qualifications: \_\_\_\_\_

Proposed subject of research: \_\_\_\_\_

Preferred dates to hold the fellowship: \_\_\_\_\_

**Please give the names of two academic referees. You must ask them to send the references directly to us at the time of your application.**

Name:
Address:
Telephone:

Name:
Address:
Telephone:

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Candidates should attach a full curriculum vitae and detailed research proposal to this form**