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| Doctoral SchoolResearcher Networks/Academic Societies FundFor Doctoral Students and Postdoctoral Research StaffApplication Form |

Please read the Regulations carefully before completing this form. Please type or complete in BLOCK capitals.

1. Network/Society Details2

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| Name of Network/Society:      URL (if already set up):       |
| *Organisers:* |
| Full Name | Department/s | Programme or Post Held (i.e. PhD Student; Research Associate etc) | Start Date  |
|       |       |       |       |

2. Previous Awards

Please list all previous funding awards made by the Doctoral School to this Network/Society:

|  |  |
| --- | --- |
| Award Reference No. (or date of application) | Amount received |
|       | £       |

3. Proposal

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| Academic year to be covered by award:       | Date from:       | To:       |
| **Please list the uses to which this funding will be put and state how your request is relevant to doctoral students and/or postdoctoral research staff:**      |

4. Estimated Costs & Contributions

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| **Expenses** (please give details):       | £       |
| **Total Estimated Expenses:** | **£** |
| **Assured contributions** (please give details where necessary): |  |
| Departmental/Faculty or other UCL contribution (please ensure amount has been arranged with the department/s concerned): Name of department:       | £       |
| Amounts assured from other organisations (please give source and amount): | £       |
| **Total Assured Contributions:** | **£**  |
| **Amount Requested from Doctoral School:***(maximum £2000)* | **£**     **.00** |
| **Contributions requested but not yet assured:** Organisation applied to: | Date of decision:  | Amount requested: |
|         |        |       |
| Signature of applicant/s(*please state your membership role*): | Date:       |
| APPLICANTS: Please pass this form to your Head/s of Department or appropriate UCL Senior Network/society proponent for endorsement.  |

5. Departmental Graduate Tutor’s Endorsement (for student networks/societies only)

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| Network/Society Name:       |
| Department:       |
| Full name of Departmental Graduate Tutor (please print):       |
| Departmental Graduate Tutor’s department (for correspondence):      | Email:       |
| Tel:       |
| **Supporting Statement:**      |
| Signature of Departmental Graduate Tutor: | Date:       |

6. Heads of Department/Senior Proponent’s Endorsement (for all applications)

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| A statement is required. Please include details of your relationship to the proposed network/or society (e.g. HoD for lead Department or Domain/ECRN lead)      |
| **The Department/s is/are willing to contribute:** | **£**  |
| Head of Department/Proponent’s Signature: | Date:       |
| Name (please print):       | Ext:       |
| **NOTE:**1. Please see CHECKLIST on front of form before submitting the application. 2. Please note that personal details provided on this form will be held for application process only. For more information on  UCL privacy policy and GDPR see the link: <https://www.ucl.ac.uk/legal-services/privacy/student-privacy-notice> 3. Please submit by the deadline stated in the regulations to: **Doctoral School, Office of the Vice-Provost (Research),  University College London, 2 Taviton Street, London, WC1H 0BT** |