



APPLICATION FORM BOLOGNA-CLARE HALL FELLOW

A

Date

NAME(S)	
SURNAME	
PLACE AND DATE OF BIRTH	
NATIONALITY	
ACADEMIC AND PROFESSIONAL TITLE(S)	
PRESENT APPOINTMENT	
INSTITUTION	
DEPARTMENT	
ADDRESS (for correspondence)	
COUNTRY	
TELEPHONE NUMBER	
E-MAIL	
PROFESSIONAL PERSONAL WEB SITE ADDRESS	

FELLOW PROFILE (max 300 words)	
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TITLE OF PROPOSED WORK WHILE IN CAMBRIDGE	
PROPOSED LENGTH OF STAY (normally at least six months)	
PERIOD: IN/OUT dates	
FINANCIAL SOURCES	

Association in Cambridge 1	
FACULTY/DEPARTMENT/ INSTITUTE	

LIST OF REFEREES (please indicate title, name, position and affiliation of scientific referents, please add lines if necessary) 2	1. Title _____
	Name _____
	Position _____
	Affiliation _____
	2. Title _____
	Name _____
	Position _____
	Affiliation _____
	3. Title _____



	<p>Name _____</p> <p>Position _____</p> <p>Affiliation _____</p>
ACCOMPANYING FAMILY	<p>Title and name of spouse _____</p> <p>Children:</p> <p>Name _____ Age ___ <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE</p> <p>Name _____ Age ___ <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE</p> <p>Name _____ Age ___ <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE</p> <p>Name _____ Age ___ <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE</p> <p>Name _____ Age ___ <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE</p> <p>Name _____ Age ___ <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE</p> <p>Name _____ Age ___ <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE</p>
COLLEGE ACCOMODATION 3	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
NAME OF CONTACT AT CLARE HALL (for office use only)	
PREVIOUS PERIOD IN CAMBRIDGE	
OTHER APPLICATIONS	<p>Institution _____</p> <p>Period _____</p> <p>Institution _____</p> <p>Period _____</p>



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UNIVERSITÀ DI BOLOGNA
ISTITUTO DI STUDI SUPERIORI
ISTITUTO DI STUDI AVANZATI



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the information in blu ink will be published on the ISA Web site

1. Faculty or Department in Cambridge with which you would expect to be associated. If you have already been in contact with a member of the Faculty, please also give the name of your contact, and include the letter of acceptance with this application where applicable.

Please note that formal prior acceptance is often required if you expect to be working in a University laboratory or other research establishment in science or technology.

2. Names and addresses of three referees who are familiar with your work. It would be helpful if at least one of the referees were from outside your institution, and preferably from outside your country. It is your responsibility to ask your referees to send the reference directly to the Fellowship Committee at the above address. Your application cannot be processed until all the references have been received.

3. The College has some accommodation available to let, ranging from single-person apartments to family houses. If you wish to be considered, please state your requirements and indicate any preferences or particular needs. Please also give your probable arrival and departure dates and indicate any flexibility or uncertainty in these dates. Because of the pressure on space, if you require college accommodation, you will normally need to apply at least 6 months before you expect to come into residence.

B. NAME AND PERSONAL STATEMENT

On a separate sheet of paper, to be numbered page 3 of this application, and headed with your Name and "Personal Statement", please describe your qualifications, research career to date and longer term plans. This statement should be typed in a form that a non-specialist can understand and should be not longer than one page. Please include a list of six of your most significant publications.



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C. NAME AND PROPOSED RESEARCH

On an additional separate sheet of paper, to be numbered page 4 of this application, and headed with your Name and "Proposed Research", please describe the nature of your proposed research in Cambridge, including its aims and a brief plan of the investigation. This should be typed in a form comprehensive to a non-specialist and should be no longer than one page.

D. DATA PROTECTION

I agree to my application with supporting material and references being held in the College for three years with access being only to the Bologna Fellowship Committee, Clare Hall Fellowship Committee, College Secretary and Archivist.

Date: Signature: