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**The AHGBI-WISPS**

**Dorothy Sherman-Severin Research Fellowship**

**for Early-Career Researchers in Luso-Hispanic Studies (2024-2025)**

**APPLICATION FORM**

Please read the DSS Guidelines and Eligibility document before submitting your application.

**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 expenditure** | **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:

**An electronic copy of the completed form, signed and dated, should first be presented to your Head of Department and then sent to your Referee, who should forward the completed application as well as your one-page CV by email by ~~5pm on Friday 9th August~~ 5pm on Friday 13th September to the Chair of the Selection Committee, to whom enquiries may also be addressed: Sophie Stevens (sophie.stevens@sas.ac.uk)**

**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:

**8) Supporting statement from referee**

**Referee:**

Signed:

Date: