****

**Application Form for the ECRs**

**Name and Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gender:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(To monitor statistic participation – this will not be considered during assessment)*

**Position** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Institution** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Postal Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E-mail** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone No.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Was your PhD awarded in last 10 years (2006-2015)?** [ ]  Yes [ ]  No

**Thesis Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Brief CV:**

Academic career, publications, markers of esteem, any other relevant information – no more than half a page.

**Summary of your area of research related to the core theme of this workshop (150 words).**

**Please describe your motivation to attend the workshop and how the workshop matches your professional development needs (150 words).**

**Please describe the expected impact of your participation in the workshop on your personal and professional development, including your ability to work on an international level (150 words).**

**Please indicate how you will disseminate the outcomes of the workshop and the new knowledge/skills you have acquired (150 words).**

**Please indicate your ability to work and communicate in English**

[ ]  Native Speaker

[ ]  Excellent

[ ]  Good

[ ]  Need Support

**Please use this space to give any additional information that you feel is relevant for the application (150 words)**

