**School of Divinity, University of Edinburgh**

**Visiting Scholar Application**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title |  | First name |  | Surname |  |
| Job Title |  |
| Institution name and address |  |
| Home address |  |
| Email |  |
| Proposed visit start date | DD-MM-YYYY |
| Proposed visit end date (up to 12 months) | DD-MM-YYYY |
| Name of sponsoring academic |  |
| Research proposal outline (expands) |
| Anticipated research output(s) (expands) |
| Does this research require ethical approval?*If yes, please provide a copy of the approval with your application.* | Yes / No |
| Names, affiliations and email addresses of two referees, one of whom must be from the applicant’s own academic institution. | 1. 2.  |

Pease also complete the following information, which will only be required for visitor registration, if the Visiting Scholar application is approved:

|  |  |
| --- | --- |
| Gender |  |
| Mobility impaired | Yes / No |
| Wheelchair user | Yes / No |