



**The GRIFFINS and Joint GRIFFINS-BARROW CADBURY TRUST RESEARCH FELLOWSHIP PROGRAMMES 2018-19**

**FELLOWSHIP APPLICATION FORM**

Please print off this form, complete it in black ink, and **post hard copy, together with your reference, the letter of support from your employer, your CV and proposal**, to Chris Leeson, Director, The Griffins Society, c/o 27 Tooting Bec Gardens, Streatham, London SW16 1QY.

**Please also e-mail** copies of all documents to: [chris.leeson@thegriffinsociety.org](mailto:chris.leeson@thegriffinsociety.org).

**Your form and documents MUST arrive by midday Thursday May 31st, 2018 to be considered.**

First name	Surname		
Home address	Work address		
Home e-mail	Work e-mail		
Home phone number	Work phone number		
Mobile phone number	If we need to contact you about your application, how would you prefer us to get in touch?		
Please tell us where you found out about the Fellowships Programme?	Details of current employment (name of employer, location of workplace, job title)		
<b>Please tick yes or no, as applicable, in response to the following questions:</b>		<b>Yes</b>	<b>No</b>
Are you available to come to an interview, if short-listed, in Cambridge on <b>Tuesday 19<sup>th</sup> June 2018</b>			
If you are offered a Fellowship, do you agree to attend 7 Fellowships events in London (Board update meetings) and Cambridge (research tutorials) and four supervisor meetings during fellowship year? <small>It is hoped that the supervisor meetings can be combined with the other fellowship events, but this will be dependent on the location of the individual supervisors.</small>			
Are you confident that if you are offered a Fellowship, you will have sufficient free time to complete it alongside work and other commitments?			
<b>Documents checklist – please confirm that you have enclosed with this form</b>		<b>Yes</b>	<b>No</b>
A letter from your employer stating your suitability to undertake a Fellowship and confirming that the employer will support your research			
Second reference			
If you have answered 'no' to either of these two questions, please explain:			



**Monitoring information:** The Griffins Society aims to ensure no applicant for a Fellowship will experience unfair discrimination. It will help us if you would please complete the following monitoring form, though it will not affect your application if you do not wish to complete it. This form will be separated from your application and it will not be taken into account in short-listing.

**Please tick the relevant box.**

**Please indicate your ethnic origin below:**

- |   |   |
|---|---|
| <input type="checkbox"/> White                          | <input type="checkbox"/> Black or Black British         |
| <input type="checkbox"/> [ ] British                    | <input type="checkbox"/> [ ] Caribbean                  |
| <input type="checkbox"/> [ ] Irish                      | <input type="checkbox"/> [ ] African                    |
| <input type="checkbox"/> [ ] Any other White background | <input type="checkbox"/> [ ] Any other Black background |
| <input type="checkbox"/> Mixed                          | <input type="checkbox"/> Chinese or other ethnic group  |
| <input type="checkbox"/> [ ] White and Black Caribbean  | <input type="checkbox"/> [ ] Chinese                    |
| <input type="checkbox"/> [ ] White and Black African    | <input type="checkbox"/> [ ] Any other ethnic group     |
| <input type="checkbox"/> [ ] White and Asian            |   |
| <input type="checkbox"/> [ ] Any other mixed background |   |
| <input type="checkbox"/> Asian or Asian British         | <input type="checkbox"/> [ ] Prefer not to say          |
| <input type="checkbox"/> [ ] Indian                     |   |
| <input type="checkbox"/> [ ] Pakistani                  |   |
| <input type="checkbox"/> [ ] Bangladeshi                |   |
| <input type="checkbox"/> [ ] Any other Asian background |   |

**Your age:**

- Prefer not to say       18-24       25-34       35-54       55-64       65+

**Your gender:**

- female       male       transgender       prefer not to say

**Would you describe yourself as:**

- gay       lesbian       bisexual       heterosexual       questioning  
 queer       prefer not to say

**Do you consider yourself to have a disability:**

- yes  no.

By submitting this form you have agreed that the Griffins Society can hold your details on file and electronically, for the purposes of administering the Griffins fellowship application process. Please indicate if you are also happy to receive other information about the Griffins Society's activities.

I would/would not like to be added to the society's mailing list.