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| **UNIVERSITY OF OXFORD**  **School of Archaeology** | Logo - new - square BK.JPG |
| **Research Associate Application Form** |

This form should be completed by the applicant and by the permanent member of academic staffmaking the nomination and sent, together with a copy of the applicant’s CV, to:[visitors@arch.ox.ac.uk](mailto:visitors@arch.ox.ac.uk)

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| **Part A: Applicant information** | | | |
| **Surname:** |  | **First name(s):** |  |
| **Title:** |  | **Nationality:** |  |
| **Contact email:** |  | | |
| **Contact address:** |  | | |
| **Employer:** |  | | |
| **Name of nominator\*** |  | | |
| **Please provide details of any previous association held with the School** |  | | |

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| **Part B: Purpose of association** | |
| **Proposed start date of association** |  |
| Duration of association (no more than 3 years): |  |
| Details of the project on which the associate is working: |  |
| What is the benefit of the association to the applicant: |  |
| \*What is the benefit of the association to the School: |  |
| \*What facilities or equipment will the applicant require access to: |  |
| Will an access card be required: |  |

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| **Part C: Declaration** | | | |
| *I certify that the particulars given above are correct and that I wish to apply for Research Associate status at the School of Archaeology, University of Oxford. I understand that the information I supply will be used by the University for administrative purposes within the terms of the Data Protection Act 1998. I undertake to abide by the rules of the School of Archaeology and any other University Regulations duly published including as covered in the University’s Visitor Agreement template (and which I acknowledge apply to me as a Research Associate) and which are available:* [*https://www.admin.ox.ac.uk/personnel/recruit/non\_empl/visitors/*](https://www.admin.ox.ac.uk/personnel/recruit/non_empl/visitors/) | | | |
| **Signature of Applicant:** |  | **Date:** |  |

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| **Part D: Supporting Statement by nominator (who must be a permanent member of academic staff)** | | | |
| ***Reasons for supporting application and any specific benefits for the School (150-200 words) where relevant. You must also comment on all the information marked with an asterisk in Section B.*** | | | |
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| Signature of nominator: |  | **Date:** |  |

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| **Part E: Record of School Board Approval** | |
| Date of meeting: |  |
| Decision: |  |
| **Reasons for rejection and/or if further information is required:** | |
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| **Approved by:** |  |