APPLICATION FORM

**Hood Fellowships (Outgoing) 2024**

**Author**: Alumni Relations and Development

**Partnered with**: Office of Research Strategy and Integrity

**Date**: 16/02/2024

**Version**: 1.0

|  |  |  |
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| **1.** | **Applicant’s details** | **2** |
| **2.** | **Applicant’s CV** | **2** |
| **3.** | **Statement of purpose/benefit** | **2** |
| **4.** | **Period of leave requested** | **3** |
| **5.** | **Sustainability** | **3** |
| **6.** | **Annual leave** | **3** |
| **7.** | **Statement of support by HOD (or equivalent)** | **3** |
| **8.** | **Statement of support by Dean** | **4** |
| **9.** | **Budget** | **4** |
| **10.** | **Signature of applicant** | **4** |
| **11.** | **Signature of HOD (or equivalent)** | **4** |
| **12.** | **Signature of Dean** | **4** |
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**APPLICATION FORM FOR HOOD FELLOWS TRAVELLING OVERSEAS**

|  |  |
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| **1.** | **Applicant**  |
|  | Name: | Title: |
|  | Department: | Faculty: |
|  | Email address: | Extension number: |

|  |  |
| --- | --- |
| **2.** | **Applicant’s CV** (Please limit this to one page) |

|  |  |
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| **3.** | **Purpose of Hood Fellowship application, including research/collaboration to be advanced and expected outcomes.** |

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| **4.** | **Period of leave requested: From\_\_\_\_\_\_\_\_\_\_ To\_\_\_\_\_\_(between 2 to 12 weeks)** |

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| **5.** | **Sustainability**Please consider (and describe) what sustainability practices will be implemented as part of the outgoing fellow’s travel from/to NZ (can length of stay―and thus travel―be combined with other fellowships/roles? how will the number of flights be reduced? for example). |

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| **6.** | **Is annual leave to be taken as part of proposed period \_\_\_\_\_\_\_\_\_\_\_\_** |

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| **7.** | **Statement of support from the Head of Department (or equivalent)** |

|  |  |
| --- | --- |
| **8.** | **Statement of support from the Dean** |

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| --- | --- |
| **9.** | **Indicative Budget**(Please provide estimates of total costs for the proposed visit) |
|  | 1. | Travel costs | $ |
|  | 2 | Accommodation costs | $ |
|  | 3. | Other costs (please specify) | $ |
|  |  | Total | $ |

|  |  |
| --- | --- |
| **10.** | **Applicant: (please print name)** |
|  | Signed:\_\_\_\_\_\_\_\_\_\_ | Date:\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| **11.** | **Head of Department (or equivalent):** |
|  | Signed:\_\_\_\_\_\_\_\_\_\_ | Date:\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| **12.** | **Dean of Faculty:** |
|  | Signed:\_\_\_\_\_\_\_\_\_\_ | Date:\_\_\_\_\_\_\_\_\_\_\_ |