

COLLEGE RESEARCH FELLOWS PRE-TRAVEL APPLICATION FORM

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|--------------------|-----------------------------------------------------|--------------------------------------------|--------------------------------------------------|
| Name: | | College: | |
| Department: | DAMTP DPMMS CMI (please circle) | Length of Research Fellowship Year: | 1 2 3 4 (please circle) |
| Supervisor: | | | |

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| Dates of proposed absence: | |
| Destination(s) and reasons for proposed travel: | |
| Estimated costs (£): Travel: Fees: Accommodation: Other: Total: | |
| What amount of support do you hope to receive from the Department? (£) | |
| What amount of support do you hope to receive from other sources (e.g. College, Organisers)? (£) | |
| Is this your first application? | Yes / No (circle as appropriate) |

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| Risk assessment: <input type="checkbox"/> I confirm that I have read the information on risk assessments at https://www.safety.admin.cam.ac.uk/policies-and-guidance/workplace-safety/hsd089m-guidance-managing-risks-travel-fieldwork-and-work and at https://www.safeguarding.admin.cam.ac.uk , and that I have attached an appropriate risk assessment form to this application. | |
| Student signature: | Date approved: |

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| Statement of support from Faculty Member. Please confirm the source of funds if you are offering funding to support this for the activity listed. | |
| Supervisor signature: | Date approved: |

Please email the completed form to bom@dpmms.cam.ac.uk for approval.