

**GRIFFINS SOCIETY RESEARCH FELLOWSHIPS PROGRAMME 2010-2011**

**FELLOWSHIPS APPLICATION FORM**

Please print off this form, complete it in black ink, and **post** it to Peter Dunn, Director, The Griffins Society, The Claremont Building, 24-27 White Lion Street, London N1 9PD **with your references and the letter of support from your employer** (you can e-mail your research proposal and CV).

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 shortlisted, in London on 2 June?		
If you are offered a Fellowship, do you agree to attend six Fellowships events in London during the 2010-2011 academic year?		
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 your:</b>	<b>Yes</b>	<b>No</b>
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:		

**For Griffins Society Office use:**

Applicant's name and application no:

	Yes / no	Date	Comments / action?
Letter from employer			
Second reference			
CV			
Research proposal			

Short-listed?

Fellowship offered?

Fellowship offered with proviso (specify)?

Fellowship accepted?

Feedback:

**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 shortlisting.

**Please tick the relevant box.**

**Please indicate your ethnic origin below:**

- |   |   |
|---|---|
| White   | 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 |
| Mixed   | 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 |   |
| 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.