**Professor Geoffrey Petts Memorial Fund 2024-25 – Application Form**

**PART A:** *to be completed by the doctoral researcher:*

Name:       Student ID:

School:

Start date of Doctoral programme:       Year of study:

University Email address:

Mode of attendance: Full-time/part-time/distance-learning/writing up *(delete as appropriate)*

Funding status: Self-Funded/ Funded *(delete as appropriate)*

*If funded, please specify the name of your studentship:*

Doctoral Project title:

***Summary of Proposed Fieldwork: Please provide details of the fieldwork, including date, location and summary of activity.***

Fieldwork Location/s:

Departure Date:       Return Date:

Please give a brief outline of your research plan, making it clear why it is necessary to undertake this travel, how it contributes to your dissertation research, and a justification for the resources requested in the indicative budget (approx. 500 words).

 Yes No N/A

Have you submitted a risk assessment [ ]  [ ]  [ ]

Have you sought ethics approval [ ]  [ ]  [ ]

Please provide your Research Ethics application number/s (generated in the VRE):

***Purchase of research equipment*** ***details:*** ***Please provide details of the equipment needed and how this supports your fieldwork activities (approx. 500 words).***

**Expenses Requested**: ***(For foreign currency items, convert to GBP (£) and show exchange rate used, or claim sterling charged to credit card)***

|  |  |  |
| --- | --- | --- |
| ***Expense type***  | ***Breakdown of costs – separate each journey, country, equipment cost etc.***  | ***Total costs in this category (£)***  |
| International Travel e.g. flights, train |  |  |
| Internal travel costs – number of trips and method of transport |  |  |
| Accommodation type and nightly rate **(N.B. This should not exceed a max. £100 per night).**  |  |  |
| Research Equipment |  |  |
| ***Total Sum Requested (£)*** |  |

Declaration: *Please tick the boxes below*

I enclose:

An itemised list of anticipated costs (as above) [ ]

Evidence that an ethics approval application has been submitted (if applicable)\* [ ]

\*as indicated by the application number given above.

Applicant’s electronic signature:       Date:

**Please email your completed form to your Director of Studies. Once they have completed Part B and returned the form to you, please send the form to your Doctoral Coordinator for the completion of Part C. Your Doctoral Coordinator should then return the form to you. Please submit the completed form along with any supporting documentation to** **graduateschool@westminster.ac.uk**

***Please note that sign off by your DoS and Doctoral Coordinator does not mean that your application has been approved. Final ratification requires Graduate School approval.***

**PART B:** *to be completed by the applicant’s Director of Studies, to confirm that:*

[ ]  The proposed fieldwork falls within the remit of the doctoral research

[ ]  Student progression is on track for timely completion

[ ]  An ethics application is in progress/has been approved for the proposed field work (if applicable)

Statement of support (maximum of 300 words):

Director of Studies:       Date:

***Once complete please return to the applicant who will need to send it to their Doctoral Coordinator for completion. Where the Doctoral Coordinator is also on the Supervisory Team please send the application to the College Research Director.***

**PART C:** *to be completed by the Doctoral Co-ordinator*

*Statement of support from School to confirm that:*

[ ]  The application has the support of the School or [ ]  The application does not have the support of the School, please provide a reason:

[ ]  There are no outstanding APRs (i.e. student has met own APR deadline; no outstanding remedial action)

Doctoral Coordinator       Date:

***Once complete, please return the form to the student. Once the application is received and validated we will send a confirmation email to the applicant confirming successful receipt of their application.***

**PART D:** *to be completed by the Graduate School Board*

Decision

GSB Chair:       Date: