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| **London Arts & Humanities Partnership****Language Fund** Application Form | **CHECKLIST**[ ]  Has supporting documentation been attached?[ ]  Have you signed the form?[ ]  Has your Supervisor endorsed and signed the form? |

**Please read the Regulations carefully before completing this form. Please TYPE or complete in BLOCK capitals. Please complete all sections. Incomplete applications will be returned.**

1. Personal details

|  |  |  |
| --- | --- | --- |
| Title:       | First name:       | Family name:       |
| Department:       |
| Address (for correspondence):      | Email:       |
| Tel. no:       |

Please give details of your current research degree registration:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| CurrentDegree | Subject | Date ofRegistration | Full or Part-time | Funding end date | Full name of Principal Supervisor |
|       |       |       |       |  |       |

Please give the title / provisional title of your thesis:

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|       |

2. Previous applications

Please list any previous funds received from the LAHP Language Fund:

|  |  |  |  |
| --- | --- | --- | --- |
| Language training course | Location | Date of application | Amount received |
|       |       |       |       |

3. Proposal

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| Language training course:       |
| Location:       | Date from:       | To:       |
| **Please state how the proposed training will benefit your research or enhance your employability skills:**      |

4. Course fees and dates

|  |  |
| --- | --- |
| **Language Training course:** (please provide full dates)       | £       |
| **Total:** | **£**  |
| **Amount Requested from LAHP Language fund:** | **£** **.00** |
| **Contributions requested but not yet assured** Organisation applied to: | Date of decision:  | Amount requested: |
|        |        |       |
| Signature of applicant: | Date:       |
| **STUDENTS:** Please pass this form to your Supervisor for endorsement.  |

5. Supervisor’s endorsement

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| Applicant’s full name (please print):       |
| Department:       |
| Full name of Supervisor (please print):       |
| Supervisor’s department (for correspondence):      | Email:       |
| Tel:       |
| **Supporting Statement:*** Please indicate how the proposed training will benefit your student’s research or enhance their employability skills.
* Is the requested training essential to the completion of the thesis
* If the student is in their final year, will they complete by the end of the Completing Research Student period? [ ]  Yes [ ]  No
* Students with Completing Research Student status are not eligible to apply to this Fund.
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| Signature of Supervisor: | Date:       |
| NOTE TO STUDENTS: 1. Please see CHECKLIST on front of form before submitting the application. 2. Please submit your electronic application via email to **info.lahp@london.ac.uk** |