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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:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Current  Degree | Subject | Date of Registration | Full or Part-time | Funding end date | Full name of Principal Supervisor |
|  |  |  |  |  |  |

Please give the title / provisional title of your thesis:

|  |
| --- |
|  |

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

|  |  |  |
| --- | --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| 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. | | |
| 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**](mailto:info.lahp@london.ac.uk) | | |