Expression of Interest –

Immersive Visitor Training Programme

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| Applicant information |
|  |  |  |  |
| **Applicant Name:** |  |  |  |
|  | *Last* | *First* |  |
|  |  |  |  |
|  |  |  |  |
| **Affiliation:** |  |  |  |
|  | *Department* | *Institute* | *Country* |
|  |  |  |  |
| **Proposed Dates of Visit:** |  |  |  |
|  | *From* | *To* |  |
|  |  |  |  |
| **Please note, training will be delivered in:** English |
|  |
| Aims and objectives |
| **Please provide a description of the overall aim of your visit:** |
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|  |
| **Will you be bringing your own data? What types of data will you be working with? How much data? Which organisms?** |
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|  |  |  |
| Earlham Institute host |
| **Please list any group leaders or personnel from EI whom you have identified as sharing areas of interest and/or possessing the relevant expertise for the training you have requested:** |
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|  |
| Expected Outcomes from the visit |
| **What knowledge do you expect to gain from your visit programme?** |
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|  |  |  |  |
| Declaration |
| **Please confirm the following details regarding use of information in this form, funding for travel, accommodation, subsistence and any recommended formal training courses for the duration of your training at the Earlham Institute:** |
|  |  |  |
| Funding body to whom you will apply: |  |
|  |  |
| Please specify the funding scheme/stream: |  |
|  |  |
| Deadline for submitting application for funding: |  |
|  |
|  |
|  Do you require a letter of support? |
| [ ]  Yes | [ ]  No |  |  |
| If yes, please provide a draft letter with information to be included in conjunction with submission of this EOI, and specify any deadline |
|  |
|  |
| The information supplied in this form will be shared with relevant personnel within the Earlham Institute for the purposes of correctly identifying suitable hosts for your visit, and for discussing technical content and knowledge. Information will also be used for the purposes of recording geographical locations of applicants, career profile and visit durations, reported periodically as a collective, to our funding agencies and governing bodies, as appropriate. For further information, please see our [data privacy policies](http://www.earlham.ac.uk/cookies-and-privacy).  |
|  |
| I have read and understood the privacy policy and confirm that I am happy for my information to be shared in this way. | [ ]  Yes |
|  |  |  |
| *Signature Date* |

Once you have completed the form, please return it to:

Dr Emily Angiolini

Head of Training

email: ivtp@earlham.ac.uk

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