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| **Oxford logo** | **APPLICATION FORM****ACADEMIC VISITORS PROGRAMME****CENTRE FOR SOCIO-LEGAL STUDIES, UNIVERSITY OF OXFORD** |
|  | **PLEASE COMPLETE IN BLOCK CAPITALS** |
| **Title** | **First Name** | **Surname** |
| **Status** **(Academic/Doctoral Student)** | **Post/Position (if applicable)**  |
| **Nationality** | **Date of Birth** | **Gender** |
| **Address for Correspondence** | **Telephone**  **Fax**  **Email**  |
| **Home Address** | **Emergency Contact Address****Telephone** |
| **Please supply proposed dates of Visit:** | **From**  | **To** |
| **Brief Description of Research Interests for Distribution to Members of the Centre****Give details of the two referees who have submitted references on your behalf:**Reference 1Name – Position –Email Address –Telephone Number - Reference 2Name – Position –Email Address –Telephone Number -  |
| **Please Note –** **The Centre charges a fee to cover the costs of the Visitor’s Programme, which includes the cost of accommodation within the centre. Please note that we *cannot* guarantee your office space, and you may be placed within the open plan area of the Centre.****The monthly charges do not include the cost of telephone, fax, photocopying or postage charges.****Please tell us if you, or your family, have any special needs so that we can help/advise you in advance of your visit. Doctoral students are not eligible for offices.** |
| **Have you applied for any funding for your visit?** |
| **Additional Information** |