**Vice-Chancellor’s Diversity Fund**

**Returning Carers’ Fund Application Form**

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| **1. Personal Details** | | | | | | | | |
| Name (title, first name, family name) | | | |  | | | | |
| Type of post (e.g. PDRA, Associate Professor) | | | |  | | | | |
| Contract end date, if you are on a fixed-term contract | | | |  | | | | |
| Type, length and approximate dates of leave (e.g. 6 months’ parental leave) | | | |  | | | | |
| Department/Faculty | | | |  | | | | |
| Department code to which the budget should be allocated, if successful | | | |  | | | | |
| Email address and telephone number | | | |  | | | | |
| **2. Purpose of funding requested**  *Indicate the main purpose(s) of the funding requested by ticking the boxes below (tick all that apply; note that the list is not exhaustive).* | | | | | | | | |
|  | **Teaching buy-out** |  | **Conference attendance** | |  | **Small scale lab/other equipment purchase** |  | **Short-term secondment** |
|  | **Training or professional development** |  | **Funding visits to Oxford by your research collaborator(s)** | |  | **Short-term research or administrative assistance** |  | |
|  | **Other (please specify):** | | | | | | | |
| **3. Total sum requested**  *Costs should first be met or part-met from other sources, such as grant funding or departmental sources, and details of any matched funding or other support being provided by your department should be included here* | | | | | | | | |
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| **4. Details of how the funding will be spent** *Give a detailed breakdown of how you propose to spend the grant and the time period for which the funding is requested* | | | | | | | | |
|  | | | | | | | | |
| **5. Grant outcomes**  *Give details of the outcomes and impact you expect from the funding, for example, how the grant will help you to re-establish your research and how it will contribute to your career progression. If on a fixed-term contract, outline your plans beyond your contract expiry date.* | | | | | | | | |
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| **6. Feedback (optional)** *Do you have any suggestions as to other measures that the University might take to better support those taking career breaks?* | | | | | | | | |
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| **Department/Faculty support**  *Please ask your Head of Research Group, or Head of Department/Faculty Board Chair, and your Departmental/Faculty Administrator to sign this form confirming that:*   1. *Your contract end date (if applicable) is as given overleaf* 2. *Your application has been discussed and agreed* 3. *You are expected to establish an independent research career*   **Name**:  **Signature:**  **Position**:Head of Research Group/Head of Department/Faculty Board Chair (delete as appropriate)  **Name**:  **Signature:**  **Position**:Departmental/Faculty Administrator  **Date**: | | | | | | | | |