**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* |
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| **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**: |