## Application Form for the BES POST Fellowship

*Please return this form by post or email on your institution’s headed paper, or with your institution’s stamp.*

**Applicant's Name:**

**Department:**

**University**

**Year of PhD:**

**Telephone:**

**Email:**

**Address:**

**Title of PhD and short paragraph summarising research**

**Title:**

**Summary:**

I confirm that the above particulars are correct

**Signature:**

**Date**:

**To be completed by your Supervisor or Head of Department:**

I confirm that the above particulars are correct. If this application is successful, I give my permission for the above applicant to suspend their PhD studies for 3 months.

**Name:**

**Signature**:

**Date**:

**University stamp (if applicable):**