|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **All academic visitors (this includes both visiting researchers and visiting students) to the Department of Pharmacology are required to pay an administration fee of £50 in advance of their arrival.  The account details to transfer the balance to can be found on** [**this link**](https://www.phar.cam.ac.uk/bank-details-information)**.  Proof of payment will be required before your visit to the Department can commence; a receipt or screenshot of the payment is acceptable as proof of payment. When submitting the payment, please include reference: PL – VISITOR (*YOUR NAME*).**  Students or staff members already part of the University of Cambridge are not required to pay the administration fee.  Visiting researchers are required to submit a copy of their CV along with this form. | | | | | | | | | | | | | |
| **Please complete all sections of this form and send the application and supporting documents listed below to** [**hr@phar.cam.ac.uk**](mailto:hr@phar.cam.ac.uk)**.** | | | | | | | | | | | | | |
| **Section 1: To be completed by visitor** | | | | | | | | | | | | | |
| **Individual Details** | | | | | | | | | | | | | |
| Full Name | | | |  | | | | | | | | | |
| Email | | | |  | | | | | | | | | |
| Home address | | | |  | | | | | | | | | |
| Telephone No | | | |  | | | | | | | | | |
| Emergency contact details *(name/telephone number)* | | | |  | | | | | | | | | |
| Nationality  *(please note: this is so the HR team can determine what visa requirements this visit entails – if any)* | | | |  | | | | | | | | | |
| **Details about visit** | | | | | | | | | | | | | |
| Arrival date | | | |  | | | | | | | | | |
| Leaving date | | | |  | | | | | | | | | |
| Supervisor in the department | | | |  | | | | | | | | | |
| Objectives/activities whilst visiting the Department | | | | | | Choose an item. | | | | | | | |
| If other, please state | | | |  | | | | | | | | | |
| Please provide details about the activities to be carried out during the visit to the Department | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Facilities to be used during visit, e.g. IT Access, Fly lab, Liquid Nitrogen Facility, CO2 Facility, Confocal microscopes | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| If the visit/placement is related to a specific grant or project in the Department please provide further details | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Are you a currently a member of the University of Cambridge?** | | | | | | | **Yes** | | **No** | | | | |
| ***If yes, please state which department you are affiliated with*** | | | | | | |  | | | | | | |
| ***If no, please complete section below “Contact at home institution”*** | | | | | | | | | | | | | |
| **Contact at home institution** | | | | | | | | | | | | | |
| Name of Home Institution | | | | |  | | | | | | | | |
| Name of contact at Home Institution | | | | |  | | | | | | | | |
| Email of contact at Home Institution | | | | |  | | | | | | | | |
| Work address of contact at Home Institution | | | | |  | | | | | | | | |
| Telephone no. of contact at Home Institution | | | | |  | | | | | | | | |
| **I confirm that I consent to pay the Department’s administrative fee of £50** | | | | | | | | | | | |  | |
| **Signature:** |  | | | | | | | | | | | | |
| **Date:** |  | | | | | | | | | | | | |
| **Please ensure you submit a copy of your CV along with this application** | | | | | | | | | | |  | | |
| **Section 2: To be completed by sponsoring academic** | | | | | | | | | | | | | |
| Name | |  | | | | | | | | | | | |
| Email address | |  | | | | | | | | | | | |
| Telephone no | |  | | | | | | | | | | | |
| **Are you happy to support this application** | | | | | | | | **Yes** | | **No** | | | |
| Please include any further information about this visit that you deem relevant. | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Signature:** |  | | | | | | | | | | | | |
| **Date:** |  | | | | | | | | | | | | |
| **Section 3: Office Use Only** | | | | | | | | | | | | | |
| **Departmental Administrator Approval** | | | | | | | | | | | | | |
| **Print Name** | | |  | | | | | | | | | | |
| **Signature** | | |  | | | | | | | | | | |
| **Date** | | |  | | | | | | | | | | |
| **Administrative fee received by department** | | | | | | | | | | | | |  |
| **Date payment received** | | |  | | | | | | | | | | |
| **Applicant CV received** | | | | | | | | | | | | |  |