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| **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****.**  |
| **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 |
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| 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** |[ ]