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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **All academic visitors (this includes both visiting researchers and visiting university 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 and staff members already part of the University of Cambridge and all school-age students 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 | | | | | | | | | | | | |
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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 | | | | |  | | | | | | | |
| **Disclosure of convictions** | | | | | | | | | | | | |
| You must disclose details of all convictions, cautions, whether spent or unspent, and bindovers. By signing this application, you confirm that you have declared any convictions, whether spent or unspent, and will immediately declare any convictions which may arise in future. | | | | | | | | | | | | |
| **I confirm that I consent to pay the Department’s administrative fee of £50**  ***(Please select N/A if you are already a member of the University of Cambridge or are a school-age student [under 18].)*** | | | | | | | | Yes | | | N/A | |
| **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** | | | | | | | | | | | |  |