**College of Science and Engineering**

**Academic Returners and Research Support: Application for Funding**

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| --- | --- | --- | --- |
| Name: |  | School/RI: |  |
| Intended dates of Maternity/Paternity/Adoption/Shared Parental Leave: |  | Intended date of return: |  |
| Identify the support requested eg. Nature of support, cost timeframes: |  |
| Identify purpose, outcomes & benefits, and fit to research strategy: |  |
| Self-evaluation of extent of research independence (for research-only staff, to quantify extent of contribution to independent research leadership, publications and income): |  |
| Signed: |  | Date: |  |

**Head of School Statement:**

Indicate if you support this application & confirm approved costs. As appropriate, identify any existing wider support measures, and evaluate alignment to research strategy & extent of research independence (for research only staff).

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| Signed:*(Head of School)* |  | Date: |  |

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| --- | --- | --- | --- |
| Signed:*(Head of HR)* |  | Date: |  |

**Head of Human Resources Approval:**

Consider appropriate use and expenditures, parity of treatment and spreading best practice across the College.