

**COMPLIANCE WITH THE DATA PROTECTION ACT 1998**

In accordance with the Data Protection Act 1998, the personal data provided on this form will be processed by NERC, and may be held on a computerised database and/or electronic files. Further details may be found in the guidance notes.

<b>NERC USE ONLY</b>	Date:	Reference No.
	Acknowledged:	

**1. APPLICANT**

Title	Initials	Surname	Date of birth		
			DD	MM	YY

Post Held \_\_\_\_\_

**2. DEPARTMENT AND INSTITUTION of applicant and administering institution for all correspondence**

Department	
Institution	
Full address	

Official Tel. Number (including STD Code)		Email:	
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**3. TITLE OF SECONDMENT OPPORTUNITY APPLYING FOR**

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**4. NAME OF HOST ORGANISATION**

<b>5.</b>	<b>HOW WILL YOUR KNOWLEDGE AND EXPERIENCE BENEFIT THE PROJECT YOU ARE APPLYING FOR? (Up to 1,000 words.)</b>

6. **DURATION** Proposed start date

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Period requested

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Months

Proposed end date

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**7. YOUR CURRENT MAIN RESEARCH / POLICY DISCIPLINE**

Main discipline \_\_\_\_\_

**8. FINANCIAL DETAILS**

**SUMMARY**

Salary	
NI/Superannuation	
Travel and subsistence	
Indirect costs	
Estate costs(if applicable)	
<b>TOTAL</b>	

**9. IS THERE ANYTHING ELSE YOU NEED TO TELL US IN SUPPORT OF YOUR APPLICATION?**

**10. Additional information – this will not be used in the assessment of applications:**

a) Where did you hear about this scheme?

b) Are you currently or have you been NERC funded?

**11. DECLARATION.**

We have read the regulations and conditions of grant in the current edition of NERC's Research Grants Handbook [<http://www.nerc.ac.uk/funding/available/researchgrants/handbook.asp>] and agree to abide by them and any additional conditions attaching to any award offered and accepted as a result of this application. We have not entered into obligations which conflict with NERC's research grant conditions, including obligations to third parties incurred in regard to ownership and use of research and patents.

Signatures

Applicant .....

Date .....

Head of department .....

Date .....

Administrative authority .....

Position held .....

Date .....

Official stamp of administering institution