

**CDA Studentship Application Form**

AHRC Studentship for 2018 entry

**Deadline: 12pm 8th January 2018**



**Please note this form is only for new students applying for a Kingston/Crafts Council LDoc CDA Studentship. Applicants for non-specific LDoc studentships should complete the general LDoc Application Form.**

All candidates must make an application to Kingston University **in addition** to completing this form. Please read the LDoc CDA Application Pack and LDoc Application Guidance Notes 2018 before submitting.

**1: Name**

|  |  |  |
| --- | --- | --- |
| **Title** | **First name(s)** | **Last name** |
|  |  |  |  |

**2: Contact details**

CORRESPONDENCE ADDRESS ALTERNATIVE ADDRESS

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Valid to: |  | |  | From: |  | | To: |  |
| Address |  | |  | Address |  | | | |
| Address |  | |  | Address |  | | | |
| Address |  | |  | Address |  | | | |
| Postcode |  | |  | Postcode |  | | | |
| Country |  | | Country |  | | | |
| Telephone: | |  |  | Telephone: | |  | | |
| Email Address: | |  | Email Address: | |  | | |

**3: Mode of Study (please delete as necessary)**

|  |  |  |  |
| --- | --- | --- | --- |
| **FT** |  | **PT** |  |

**4: Student Classification**

**Have you checked your eligibility in the AHRC ‘Student Funding Guide’? Only Home and EU students are eligible to apply**

|  |  |  |  |
| --- | --- | --- | --- |
| **NO** |  | **YES** |  |

**EU students with less than 3 years residence in the UK on 30th September 2018 will receive Fees only awards**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Home (UK)** |  | **EU** |  | **Have you been resident in the UK for 3 years immediately preceding the proposed start date?** | **NO** |  | **YES** |  |

**5: Current funding applications**

**Are you currently applying for AHRC funding through another Doctoral Training Partnership?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **NO** |  | **YES** |  | **If yes, where else have you applied?** |  |

**6: Professional experience that is relevant to this application**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Dates**  **(month and year)** | | **Full or part-time?** | **Employer/Organisation**  **(including location)** | **Status and responsibilities** |
| **From** | **To** |
|  |  |  |  |  |

**7: Career in higher education to date**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Undergraduate degree** | | | | **Master’s degree** | | | | **PhD** | | | | **Other (e.g. PGCE)** | | | |
| Name of university and/or college  Country (if not UK) |  | | | |  | | | |  | | | |  | | | |
| Mode of attendance  (please indicate) | Full-time | | Part-time | | Full-time | | Part-time | | Full-time | | Part-time | | Full-time | | Part-time | |
| Month and year in which your programme started and finished (or will finish) | Start date  mm yy | | End date  mm yy | | Start date  mm yy | | End date  mm yy | | Start date  mm yy | | End date  mm yy | | Start date  mm yy | | End date  mm yy | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Qualification and title of award |  | | | |  | | | |  | | | |  | | | |
| Degree classification (where awarded)  Marks on completed modules (where appropriate) |  | | | |  | | | |  | | | |  | | | |

**8: Details of the Institution in which you propose to study: you may apply to LDoc through ONE Institution only (Please see the 'Guidance Notes for LDoc Applicants’ for details of participating LDoc institutions)**

|  |  |
| --- | --- |
| Name of the Institution | Kingston University |
| Department | School of Critical Studies & Creative & Cultural Industries |
| Name of Institution Contact Person  (Please see Application Guidelines for names) |  |

**9: Proposed research project (this must directly address the themes and concerns outlined in the LDoc CDA Studentship Application Pack: Kingston University & Crafts Council)**

|  |
| --- |
| **Title:** |
| **Brief 300 word synopsis of Research (suitable for a general audience):** |
|  |
| **Description: Describe the proposed research in a way that can be understood by an academic who is not a specialist in your specific area.**   * What are your research questions and why are they important or relevant? What contribution to knowledge will be made? What will be the outcomes of your research? * Background knowledge and context, including literature review and relationship with your previous work or studies. * Methods and approaches that will be used; * Research plan, timetable and challenges.   Supporting images should be included in a separate PDF file (refer to guidance notes) |
|  |
| |  | | --- | |  |   **Word count**  **(note: this should be no more than 1,000 words, not including the synopsis or references):**  **Any text exceeding 1,000 words will be cut and the assessor will not be able to read it.** |

**10: Training Needs: what training will you need to support your research or career development?** *Refer to Guidance Notes.*

|  |
| --- |
|  |

**11: Resources: what resources (e.g. access to archives, field trips, special facilities, partner organisations) are needed? You should also outline how you propose to work with Crafts Council as a partner.** *Refer to**Guidance Notes*.

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**12: Why LDoc?**

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| --- |
| **Describe how your proposal fits in with the LDoc philosophy and explain what you see as the benefits of working in the Consortium context.** |
|  |
| |  | | --- | |  |   **Word count (note: this should be no more than 500 words including references):**  **Any text exceeding 500 words will be cut and the assessor will not be able to read it.** |

**13: Your referees**

Please complete the referees' contact details below. Referees must be able to comment on your academic ability and potential (only one referee may be part of your supervisory team).

**Referee 1**

|  |  |
| --- | --- |
| Name (block capitals) |  |
| Contact telephone number |  |
| Contact e-mail address |  |
| Institution/Organisation |  |
| Position |  |
| Contact address |  |

**Referee 2**

|  |  |
| --- | --- |
| Name (block capitals) |  |
| Contact telephone number |  |
| Contact e-mail address |  |
| Institution/Organisation |  |
| Position |  |
| Contact address |  |

**14: Applicant's declaration**

I confirm that the information I have provided in this form is complete and accurate to the best of my knowledge at this date. I understand that any award given is conditional on the proposal receiving ethical approval from the institution to which I have applied. I fully understand that it is my responsibility to ensure that the relevant forms are submitted to the relevant contact person in due time and that any missing information may render my application incomplete and ineligible. I authorise the LDoc Doctoral Training Partnership to disclose to the AHRC any information that is relevant to my application.

|  |  |
| --- | --- |
| Name of Applicant |  |
| Signature of Applicant |  |
| Date |  |

**Institutional Information**

**Questions 15 to 18 are for internal use only, and to be completed only for applicants who are put forward by their institution to the final LDoc selection process in April.**

***15: Supervisors***

|  |  |
| --- | --- |
| **Supervisor A** |  |
| Contact Details (Email & Telephone) |  |
| Name of University & Department |  |
| Has the student been interviewed? |  |
| Doctoral Supervision experience (number of students supervised to completion and currently) |  |
| Brief description of supervisor’s research interests |  |

|  |  |
| --- | --- |
| **Supervisor B** |  |
| Contact Details (Email & Telephone) |  |
| Name of University |  |
| Brief description of supervisor’s research interests |  |

**LDoc welcomes and encourages cross-institutional supervisory teams. Where relevant, please enter the name of a staff member at another LDoc institution who might join the supervisory team. If an individual cannot be identified, but it would benefit the supervisory team to have additional expertise, just complete the last row describing the area of expertise so that reviewers may suggest names where possible**.

|  |  |
| --- | --- |
| **Cross-institutional Supervisor** |  |
| Contact Details (Email & Telephone) |  |
| Name of University |  |
| Brief description of supervisor’s research interests OR describe the area of expertise which would add benefit to the supervisory team |  |

***16: Student Training Needs: what training is needed to support the student’s research or career development?*** *Refer to Guidance Notes.*

|  |  |
| --- | --- |
| **Specific to individual** |  |
| **Subject/Discipline** |  |
| **Interdisciplinary** |  |
| **Other** |  |

***17. Ethical Issues: please describe any ethical issues which will need to be addressed by the University.*** *Refer to Guidance Notes.*

***18. Please make any other points relevant to the application not mentioned elsewhere.***