

4. Please give the names and contact details of at least 2 referees; one of them may be in the department where you wish to hold the fellowship.

Signature of the applicant _____ Date _____

Please give details of the department where you would like to hold a Grace Chisholm Young Fellowship, and ask the Head of Department to sign to show that the department is willing to accept you into the department as a Grace Chisholm Young Fellow, with any contingent liabilities. *It is suggested that the candidate attaches the 'Information and guidance notes for applicants and host departments' when making a preliminary approach to a department.*

Department: _____

Institution: _____

Address: _____

Tel. number: _____ Fax number: _____

Signature of Head of Department

Name