 

NORTH WEST DOCTORAL TRAINING CENTRE

**Overseas Fieldwork and Difficult Language Training Application Form (including extension requests)**

**(Updated June 2015)**

**Please read the accompanying Overseas Fieldwork Allowance and Difficult Language Training Guidance carefully before completing this form.**

1. **Student Details (to be completed by student)**

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| --- | --- |
| Name of award holder (in capitals):  |  |
| Institution: |  |
| NWDTC Pathway: |  |
| University ID number: |  |
| Current Address: |  |
| Telephone: |  |
| Email: |  |

1. **Fieldwork Details (to be completed by student)**
2. **Please state the purpose of your overseas fieldwork.**

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1. **Details of Study Visit**

Give the exact dates of the fieldwork, the name of the country you will be visiting and any visa requirements.

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| --- | --- | --- |
| Duration of Study Visit | Number of weeks | Country |
| From (dd/mm/yyyy) | To (dd/mm/yyyy) |
|  |  |  |  |
| Type of Visa Required |  |

1. **Fieldwork Allowance Claim.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Maximum Fieldwork Allowance : | Front End Element | Weekly Rate | Number of Weeks | Total Claim |
|  |  |  |  |

1. **I confirm that I have read the accompanying Notes of Guidance.** I undertake to inform my University if the fieldwork is cancelled or the length of the visit is reduced, and I understand that I will be required to refund my NWDTC institution any money overpaid.

I also confirm that I have completed a risk assessment form at my institution and that my visit has been approved by my School/Graduate Office.

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| --- | --- |
| Signed:  | Date: |

1. Fieldwork / Difficult Language Training Extension Request (where relevant)
2. **Please state the length of extension you are requesting, what this is for and why this is crucial to your doctoral research.**

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NOW PASS THIS FORM AND A COPY OF THE GUIDANCE NOTES TO YOUR SUPERVISOR FOR COMPLETION

**4. Supervisor’s Confirmation (to be completed by first supervisor)**

**i) Please state the purpose of the fieldwork and indicate whether or not satisfactory completion of the thesis is dependent on the trip. If the student has applied for an extension, please confirm why this is deemed necessary.**

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**ii) I confirm that I have read the accompanying Notes of Guidance and that the details of the fieldwork completed by the award holder are accurate.** I undertake to inform the School Graduate Office if the study visit is cancelled or the length of the visit is reduced, and I understand that, in the event of the visit being cancelled or shortened, the student will be required to refund to the NWDTC via their home institution any overpayment. I also confirm that the student has submitted a risk assessment form to his School/Graduate Office.

|  |  |
| --- | --- |
| Name: | Position:  |
| Phone number: | Email:  |
| Signature:  | Date: |

**Please send your completed form to the NWDTC Central Office at** **nwdtc@liverpool.ac.uk**