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| --- | --- | --- | --- | --- | --- | --- |
| **APPLICATION FORM** | | | | | | |
| Applicant’s details | | | | | | |
| Title |  | | | | | |
| Name |  | | | | | |
| Email address |  | | | | | |
| Academic background | | |  | | | |
| Research interests and experience | | |  | | | |
| Current position | | |  | | | |
| Name of Institution | | |  | | | |
| Institution Address | | |  | | | |
| Telephone | | |  | | | |
| Please indicate if NERC funded | | |  | | | |
| If current NERC student/postdoctoral researcher please indicate start date and title of project | | | |  | | |
| If recently finished NERC student please indicate month and year of PhD award, title of PhD and awarding institution | | | |  | | |
| Please select one from the four choices below – *I wish to receive specialist training in:* | | | | | | |
| Vascular plants (flowering plants and ferns) | | | |  | | |
| Bryophytes | | | |  | | |
| Lichens | | | |  | | |
| Marine macroalgae | | | |  | | |
| Please indicate any special requirements, including dietary, to enable you to attend this course | | | | | | |
|  | | | | | | |
| **Applicant’s signature and date** | |  | | | | |
| Supervisor/grant holder/manager details | | | | | | |
| Title | | |  | | | |
| Name | | |  | | | |
| Job Title | | |  | | | |
| Name and address of Institution | | |  | | | |
| Work phone | | |  | | | |
| Email address | | |  | | | |
| Please confirm if the applicant is at least 50% funded by NERC | | | | | |  |
| **Supervisor/grant holder, manager signature and date** | | | | |  | |
| Return to: Dr. S. Pressel, Life Sciences Department, The Natural History Museum, Cromwell Road, London SW7 5BD; e-mail: s.pressel@nhm.ac.uk  **Closing date for submission is 18th December 2017** | | | | | | |