

# LONDON MATHEMATICAL SOCIETY

## *Grace Chisholm Young Fellowship: Application Form*

This application form should be returned to Women in Mathematics Committee, London Mathematical Society, De Morgan House, 57-58 Russell Square, London WC1B 4HS (womeninmaths@lms.ac.uk)

Please include with this application a copy of your Curriculum Vitae and a list of your publications.

### **1. Details of applicant**

Name (including title): \_\_\_\_\_

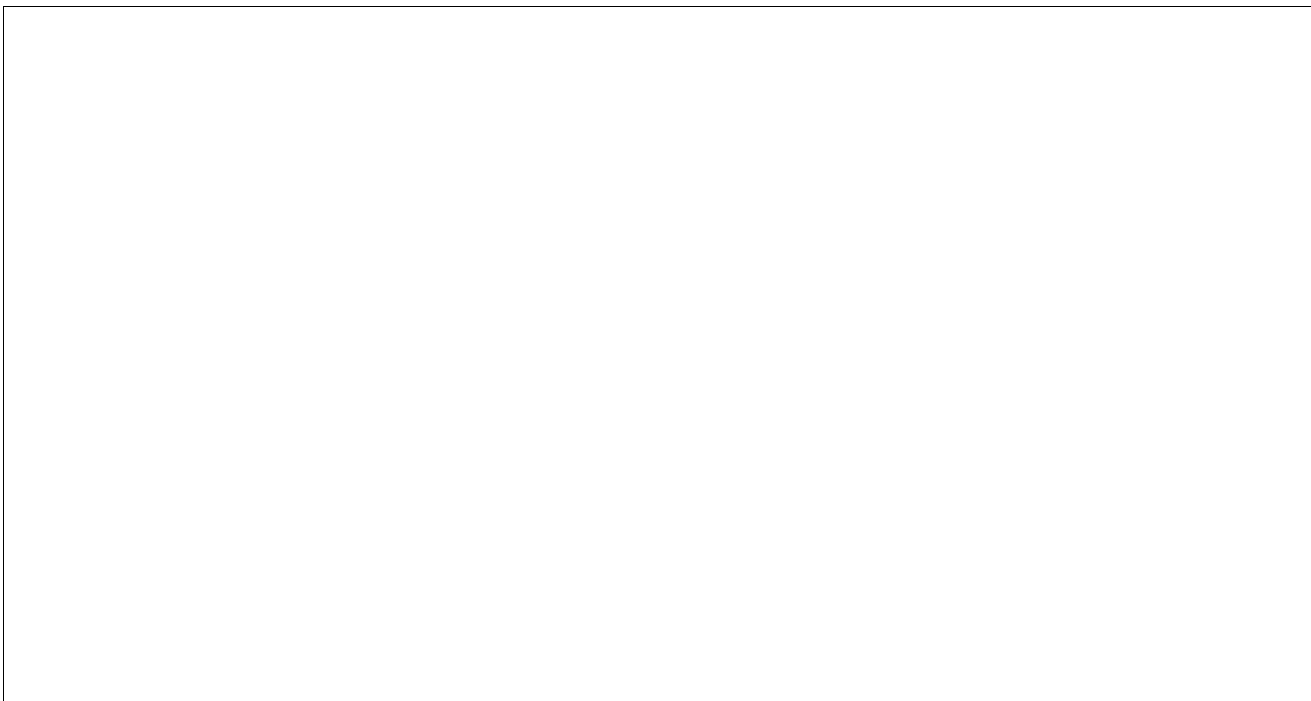
Address: \_\_\_\_\_

Email address: \_\_\_\_\_

Tel. number: \_\_\_\_\_ Fax number: \_\_\_\_\_

### **2. Please briefly, in not more than 30 words, describe the area of mathematics in which you work**

### **3. Please describe the circumstances that have interrupted your mathematical career.** *Please continue on a separate sheet if necessary.*



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 \_\_\_\_\_ Date \_\_\_\_\_

Personal data provided on this form may be held and processed on the Society's computer system. A summary of the Society's data protection policy, including the rights of subjects upon whom data is held, is obtainable from the Administrator of the London Mathematical Society.