

## London Mathematical Society Grace Chisholm Young Fellowship Application Form

Please refer to the accompanying Guidelines before completing this form. Before submitting your form, please ensure you have completed everything on the checklist at the end. This form and the Guidelines can be downloaded from: <a href="https://www.lms.ac.uk/grants/grace-chisholm-young-fellowships">https://www.lms.ac.uk/grants/grace-chisholm-young-fellowships</a>

This application form should be returned to Women in Mathematics Committee: 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								
	Title		Full name:						
	Address:				Tel:				
					Email:				
2	Please describe, in not more than 30 words, 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)								

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4	_	the names and contact details of at least t	Referee		иерагипепи				
5	Signature of	f the applicant:			Date:				
,	Signature of	т пе аррпсанс.			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 your application 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.  6 Host department									
	Institutio n: Address:		Department	t:					
				Tel:					
				TCI.					
				Email:					
7	Declaration of the Head of Department:								
	Declaration: By signing below you confirm that:  i. this application is made with your support.  ii. in the event of a successful application, the Department will provide support for the applicant as stated in the 'Information and guidance notes for applicants and host departments'.								
	Name: Email:								
	Signature:				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.

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