**GALA Outreach Fund, 2017**

*Last updated 30 March 2017*

Please consult the GALA Outreach Fund details at <http://gala.network/bath-spa-university/2016/12/22/announcing-the-bath-spa-gala-outreach-fund/> before completing this form.

Please submit your application to GALA’s Academic Director, Professor Ian Gadd, by [i.gadd@bathspa.ac.uk](mailto:i.gadd@bathspa.ac.uk) by the 20th of the month.

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| ***APPLICANT DETAILS*** | |
| Name: |  |
| Department/Field: |  |
| Job title: |  |
| Email address: |  |
| Who is your line-manager: |  |
| Has s/he approved your application: |  |
| Have you been supported by GALA before: |  |

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| *TYPE OF APPLICATION* |
| **Are you applying on behalf of a student or students? If so, please provide their details (name, student number, course, year of study, email):** |
| **Is this a joint application with one or more staff colleagues? If so, please provide their details (including email):** |
| **Are you applying on behalf of a colleague or colleagues at a GALA partner? If so, please provide their details (including email):** |
| **Are you looking for full GALA funding or as top-up funds for an existing activity/event:** |
| **What other funding are you applying for (if any):** |

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| ***PROPOSED ACTIVITY*** | | |
| Which GALA partner(s)  do you wish to engage with: |  | |
| Please provide the details of any individuals at the relevant partner(s) with whom you will be working as part of this activity: | | |
| Please describe the proposed activity, its immediate and long-term goals, and how it will support GALA, Bath Spa University, and your/your colleague(s)/your student(s) work/research/teaching/career development: *(750 words max)* | | |
| Do you have a specific date in mind: | |  |
| Will the activity be completed by 31 July 2017: | |  |

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| ***PROPOSED BUDGET*** |
| **Please provide as much detail as possible regarding likely costs, and indicate whether costs are estimated; teaching relief should be costed at £50 per hour:** |
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| **Line Manager Approval** | |
| Name of Line Manager: |  |
| Signature of Line Manager: | I approve the mobility as detailed above as part of the GALA Outreach Programme.  I give permission for the named staff member to book flights, accommodation and to claim subsistence from the department budget code.  I understand that any overspend above the allocated GALA Outreach grant will not be reimbursed (and will be at the expense of the department):  Signed:    Date: |