**GALA Outreach Fund, 2017–18**

Please consult the GALA Outreach Fund details at <http://gala.network/bath-spa-university/2018/01/05/2018-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 **last working day of each month**.

**Please note:**

All staff and students will need the signed approval of their line-manager/supervisor. Academic staff will also need the signed approval of their assistant dean: CoLA: Charles Wiffen; BSAD: Dan Allen; IfE: Nick Sorensen or Kyriaki Anagnostopoulou.

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| *APPLICANT DETAILS* |
| **Name:** |
| **Department/Field:** |
| **Job title/Degree and year:** |
| **Email address:** |
| **Who is your line-manager or supervisor?** |
| **Have you been supported by GALA before? YES/NO** |

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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 funding or part-funding?** |
| **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(s) in mind: | |  |
| Will the activity be completed by 31 July 2018: | |  |

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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/Supervisor/Assistant Dean Approval**  *Electronic (included typed) signatures are acceptable.* | |
| Name of Line Manager/Supervisor: |  |
| 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: |
| Signature of Assistant Dean (Academic staff only): |  |

*Updated 5 January 2018*