



THE AUSTRALIAN ARCHAEOLOGICAL INSTITUTE AT ATHENS

ΑΥΣΤΡΑΛΙΑΝΟ ΑΡΧΑΙΟΛΟΓΙΚΟ ΙΝΣΤΙΤΟΥΤΟ ΑΘΗΝΩΝ

AAIA ESTABLISHED RESEARCH FELLOWSHIP

Application Form

Personal Information

First Name:

Surname:

Nationality:

Date of Birth:

Postal address:

Mobile telephone number:

Email address:

Academic Information

Current position:

Current employing institution:

Date of employment commencement:

Web page confirmation of your institutional affiliation:

Please provide a full academic CV

The Fellowship Period

Proposed start date:

Proposed end date:

Dates in Athens:

Travel dates elsewhere and destinations during the Fellowship period:

AAIA Research Theme(s)

Primary theme that this project contributes to:

Secondary theme (if appropriate) that this project contributes to:

Please provide a 50-word statement that summarises your project and explains how it contributes to the theme. This may be posted on the AAIA website:

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Athens Public Lecture

Please provide a title and 150-word abstract for the public lecture you would give in Athens during the Fellowship period. This is not part of the application assessment but is to help us with programming.

Friends Group Public Lecture

Please provide a title and 150-word abstract for the public lecture you would give in Australia to your local Friends group after your Fellowship period. This may be the same as your proposed Athens Public Lecture. This is not part of the application assessment but is to help us with programming.

- I confirm that I have read and will comply with the policies and standards concerning research ethics of the countries in which I am travelling and working while undertaking the Fellowship.
- I confirm that I have read and will comply with the the policies and standards concerning health and safety of the countries in which I am travelling and working while undertaking the Fellowship.
- I confirm that I will abide by the [European Union's General Data Protection Regulations](#) in the undertaking of my Fellowship research within the European Union.
- I confirm that I understand I am responsible for arranging my own travel insurance and health insurance to cover me during my Fellowship period.
- I confirm that I am responsible for organising and financing my own visa arrangements, including whether I require a visa to enter Greece or elsewhere in the European Union in the first place, and if I wish to remain in Greece or other countries within the Schengen Area for more than 90 consecutive days.

Applicant signature and date: