



# THE AUSTRALIAN ARCHAEOLOGICAL INSTITUTE AT ATHENS

ΑΥΣΤΡΑΛΙΑΝΟ ΑΡΧΑΙΟΛΟΓΙΚΟ ΙΝΣΤΙΤΟΥΤΟ ΑΘΗΝΩΝ

## AAIA Field Project Award

### 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:

#### Project Details

Project title:

Location:

#### The Award Period

Dates of fieldwork:

Nature of fieldwork (e.g. excavation; survey):

#### Team Information (name; employment position; employing institution)

Permit Holder:

Co-Directors:

Trench Supervisors:

Professional team members (e.g. conservator; photographer; draughtsman):

#### Participants

Undergraduate student numbers per institutional affiliation:

Postgraduate student numbers per institutional affiliation:

Other (please explain):

#### AAIA Research Themes (please see [aaia.gr](http://aaia.gr) for current themes)

Primary theme that this project contributes to:

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

#### Outputs (bibliographic details, including anticipated additional specialist studies and final publication, with planned dates)

From the season:

From the project:

**Budget**

Please provide a full, itemised budget for your activities to be undertaken during the Grant period. It is expected that this will include travel, accommodation, and subsistence costs.

Please include the details of other funding applications in relation to the activities you propose to undertake during the Grant period, including the amount applied for; which budget costs each will cover; and outcome (or outcome dates), if relevant.

- 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 Award.
- I confirm that I have read and will comply with the policies and standards concerning health and safety of the countries in which I am travelling and working while undertaking the Award.
- I confirm that I will abide by the [European Union's General Data Protection Regulations](#) in the undertaking of my Grant 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 Award 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:**