



# THE AUSTRALIAN ARCHAEOLOGICAL INSTITUTE AT ATHENS

ΑΥΣΤΡΑΛΙΑΝΟ ΑΡΧΑΙΟΛΟΓΙΚΟ ΙΝΣΤΙΤΟΥΤΟ ΑΘΗΝΩΝ

## THE POLYMNIA AND AIMILIA KALLINIKOS ITHACA 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 institution:

Web page confirmation of your institutional affiliation:

**Please provide a full academic CV**

#### The Fellowship Period

Proposed start date:

Proposed end date:

Travel dates and destinations during the Fellowship period:

- ☐ 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:**