



* Required before final submission

Academic Jewish Studies Post-Doctoral Fellowship Application Form

Please submit by **GMT 17:00, Friday 20th March 2020**. References must be submitted no later than **Friday, 03 April 2020**.

Please read the [Notes of Guidance](#) to help you complete the online application. If you need further assistance please contact us via the Contact Us link at the top of this page.

Please note that your application page must remain 'active' when completing the form. In order to keep the form active and save the text written so far, you can either click 'Next' to navigate to the next page and then return to the previous page or click 'Save and Finish Later' which will take you to your account dashboard. If the application is left inactive for more than 50 minutes, you will receive an alert before you lose any unsaved changes.

Summary Information

* Department

* Institution/Centre/Organisation Name

* Country of Institution/Centre/Organisation

* Project Title

* **Total amount requested from the Foundation.** Sum total for all months/years to the nearest pound. [i](#)

The total requested amount must be the same as the total requested amount that appears on the project budget table (available in the Attachments section). Amount in £ sterling (GBP). Do not enter any currency symbols e.g. £, \$, €.

Maximum of £35,000 per annum.

* **Total Project Budget.** To the nearest pound. [i](#)

The total project amount must be the same as the total project amount that appears on the project budget table (available in the Attachments section). Amount in £ sterling (GBP). **Please include the requested amount above in your calculation.** Do not enter and currency symbols e.g. £, \$, €. **(Maximum £35,000 per annum).**

* When did you complete your doctoral degree?

Please enter 01 as the day, then include the correct month and year. e.g. 01/mm/yyyy.



Post Doctoral Candidate and Supervisor Names


Post Doctoral Candidate:

* Title * First name * Last name

Supervisor:

* Title * First name * Last name

Project Details

* What is the start date of your fellowship?
Please note the earliest possible start date is 01 September 2020.
 

* How long is the period for which you are applying for funding?
(In whole months only, a maximum of 24 months).

* **Project Summary**
Please describe in no more than 150 words the key elements of your proposal.

Word count 0 of 150

Abstract of Proposed Research

* Please include project title, description, abstract, research methodology to be applied and the estimated duration of the project. If the research is a continuation of an on-going project, please include project title, description, work that has been completed to date and the estimated duration of the project.
1200 word limit.

Word count 0 of 1200

* What proportion of the Fellow's time will be spent on research?
Limit of 250 characters to respond.

* Please describe how the results of the research will be published.
E.g. monograph, article, website or book.

* Will the Fellow give any public lectures?

Candidates Academic Background

Current studies (if applicable)

Include department and institution name, address and type of course.

Previous academic studies

Include department and institution, degree subject, degree type and final results/grade and the dates attended. Please put each achievement on a new line.

How many years ago did you complete your doctoral degree?

not relevant still completing my PhD

Please list any additional academic experience, including participation in research projects, and any other relevant experience.

Please list all relevant positions held by the candidate.

Include position held, name of employer, start and end date. Please start a new line for each position.

Candidate's Publications

Please translate all non-English titles into English for the section below.

Books

Please list the title, publisher, date of publication and number of pages of any publications of the candidate that have been published to date or currently in press.

Start a new line for each publication.

Journal articles

Please list the title of the article, name of journal, publisher and date of publication of any articles of the candidate that have been published to date or are currently in press.

Start a new line for each article.

Academic papers presented

Please list the title of the paper presented by the candidate, name of conference and the date on which it took place.

Start a new line for each paper.

Post-Doctoral Candidate's Language Skills

What languages do you have reading knowledge of?


<None> 

<None> 

<None> 

<None> 

<None> 

<None> 

<None> 

<None> 

What languages do you speak?

<None> 

<None> 

<None> 

<None> 

<None> 

<None> 

<None> 

<None> 

Other language(s) read

Separate each language with a comma.

Other language(s) spoken

Separate each language with a comma

Project Evaluation

* How will you evaluate whether the planned outcomes of the fellowship have been achieved?

Please be specific.

* Please explain how a grant for your project would advance Jewish Studies in Europe.

* To what degree will your project increase the presence of Jewish Studies in the academic world?

Department/Institution Background Information

* Please describe the role of Jewish Studies within your institution.

* Please describe the organisational structure of your department/institution.

* List the faculty members associated with your department or centre, please note their role(s).

Use a new line per member.

* Please describe the main responsibilities of the Fellow, including the course(s) they will teach, if relevant.

* Why would your institution like to invest in this particular candidate? Please describe the potential academic contribution of the candidate.

If yes please explain how.

* Please explain how your institution plans to maintaining ongoing contact with the Post-doctoral Fellow after the period.

* Is your institution providing office space?

Department/Institution/Centre Structure

* How many full-time equivalent faculty members belong to your department/institution?

0 to 8

* Does your department/institution/centre employ adjuncts/session lecturers?

Yes

If yes, on average, how many of these are employed each term?

* How many undergraduates enrol in a Jewish Studies course each term at your University?

If relevant, how many undergraduate students are undertaking a Jewish Studies major?

If relevant, how many undergraduate students are undertaking a Jewish Studies minor?

Any Other Information

Please provide any additional information that is relevant to the fellowship and is not covered elsewhere in the application form.

Maximum 300 words.

Word count 0 of 300

[Attachments](#)

[Printer Friendly Version](#) | [E-mail Draft](#)

Please ensure that your application is accompanied by the following documents as it will not be considered for funding if you fail to include them. This applies to applicants, including those that have received funding in the past.

Please ensure that non-Latin characters or symbols (for example: à, ø, Å, é, ü, ž, *, ", !, *,spaceings) appear in the title of the documents you intend to upload and JPG files are not admissible.

Please consult the Notes of Guidance for additional information for each document request.

1. Official proof of your institution's charitable/non-profit status.
2. **Budget table and budget explanation** for the proposed project - download [here](#).
Please save a copy of the document to your PC and upload your completed budget and budget explanation below.
A sample of the proposed budget can be downloaded [here](#).
3. CV of the post-doctoral candidate (maximum 5 pages).
4. Final transcripts for post-doctoral candidate, listing grades/credits received for all previous degrees. Combine with English translations before uploading.
5. Letter confirming thesis submission (if appropriate).
6. CVs of key staff members working on the project (maximum 5 pages for each staff member). Combine all CVs into one document before uploading.
7. Full research proposal (3000 word limit).
8. Report on previous grants from RFHE (if applicable). Submit latest progress report or final report if not previously provided.
9. Any additional supporting document to support your application.

Applying Department/Institution/Centre Details

* Address

Number and Street Name.

* City

* Postcode

* Department phone number

Include country code.

* Department website address

Institution/Centre/Organisation Status

Which best describes the legal status of your organisation (please state yes or tick one box only)

Is your organisation a Registered Charity?

Tick if yes.

Registered charity number

If you selected yes to Registered Charity.

* Organisation in process of registration

Select

* Public or non-profit organisation

Select

Primary contact for correspondence contact details (Post Doctoral Supervisor)

* Position

* E-mail

* Direct landline phone number

Include country code.

Mobile phone number

Include country code.

* Where did you first hear about the Rothschild Foundation Hanadiv Europe?

- Select One -

* Would the supervisor like to register to RFHE's mailing list to receive occasional emails about grant rounds and other opportunities? (Declining to register will not influence our assessment of the application)

Please select Yes or No.

- Select One -

Post Doctoral Candidate Contact Details continued

* Direct landline phone number

Include country code.

Mobile phone number

Include country code

* E-mail

* Would the post doctoral candidate like to register to RFHE's mailing list to receive occasional emails about grant rounds and other opportunities? (Declining to register will not influence our assessment of the application)

Please select yes or no.

- Select One -

* Required before final submission

Please supply the names and full contact details of two referees who will provide us with a confidential assessment of your proposal.

By supplying contact details of your referees you confirm that they are aware that you are sharing their information with RFHE for the purposes of acting as referees for this application.

Please download the referee form here: [Referee Form](#)

Instructions: When you have completed your application, please email a copy of it together with the reference form to your referees. You can do this either by emailing the application directly to them from your online account and then forwarding the form as an attachment to a separate email, or by forwarding the application from your own email and including the reference form as an attachment.

When your referee has completed the form, they should email it directly to reference@rothschildfoundation.eu

The Foundation will confirm receipt of your references to you via email no later than 5 working days after the referee deadline. If the Foundation has not received your reference(s) you will be contacted no later than 3 working days after the referee deadline. Please do not contact the Foundation during this period regarding your references as there will be a delay in responding to your query.

Referee Deadline: Friday, 03 April 2020

Referee 1

* Title	* First Name	* Last Name
<input type="text" value="- Select One -"/>	<input type="text"/>	<input type="text"/>
* Position	* E-mail	
<input type="text"/>	<input type="text"/>	
* Department/ Institution & Street Address		
Please do not provide a home address. If the referee is retired, please use affiliated institution/organisation address. Please provide number and street name.		
<input type="text"/>		
* City	* Postcode	* Country
<input type="text"/>	<input type="text"/>	<input type="text" value="- Select One -"/>
* Department landline number	Mobile phone number	
Include country code. Do not give home phone number.	Include country code.	
<input type="text"/>	<input type="text"/>	

Referee 2

Prefix	* First Name	* Last Name
<None> <input type="button" value="v"/>	<input type="text"/>	<input type="text"/>
* Position	* E-mail	
<input type="text"/>	<input type="text"/>	
* Department/ Institution & Street Address		
Please do not provide a home address. If the referee is retired, please use affiliated institution/organisation address. Please provide number and street name.		
<input type="text"/>		
* City	* Postcode	* Country
<input type="text"/>	<input type="text"/>	- Select One - <input type="button" value="v"/>
* Department phone number	Mobile phone number	
Include country code. Do not give home phone number.	Include country code.	
<input type="text"/>	<input type="text"/>	

Collecting personal data and Declaration

RFHE is committed to the principles of data protection including the principle that information is only to be retained for as long as necessary for the purpose concerned. In addition to the information submitted in this form, to process this application RFHE may collect information about your project and organisation that you do not directly provide, whether it is information received from third parties, such as referees, employers and partners, or information RFHE collects about your organisation's activities. The application might be shared with an expert committee and occasionally external referees. If your application is successful, RFHE will keep your personal identifiable information for a reasonable period as part of the process of managing the grant. If your application is not successful, RFHE will retain only your contact details and basic information about the project for future reference in case you approach us again. For more information please read our [privacy policy](#).

- * I am aware that the personal identifiable information submitted in this application including names, email addresses, phone numbers, business addresses, as well as demographic information will be used by RFHE to process this application.

Please tick the box.

- * I declare that the information supplied in this form is accurate to the best of my knowledge.

Please tick this as your electronic declaration.

- I am the Chair, Director, Dean, Head or Principal Curator (authorised signatory) of the applying organisation or department, with the authority to accept a grant should one be awarded. If I am not an authorised signatory, then I have his or her express permission to submit this application and I have consulted with him or her prior to doing so. Please note that failure to have obtained permission from the authorised signatory prior to submitting an application will result in automatic disqualification from the application process.
- * Please tick this to confirm that you are either the authorised signatory or that his/ her permission has been granted.

End of Application.