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\* Required before final submission

## Academic Jewish Studies Teaching Networks 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

\* Name of applying Department

If applicable.

\* Institution/Centre/Organisation Name

\* 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. £, \$, € or full stops. **(maximum £25,000 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. £, \$, € or full stops.

\* What is the start date of your proposed project?

Please note the earliest possible start date is 01 September 2020.

\* For how long will you require funding?

(In whole months only; 36 months maximum).

\* **Project Summary**

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

Word count 0 of 150

## Teaching Network Details

- \* Please describe in full the aims and objectives of the project, as well as why your proposed teaching network is timely and needed.

- \* Please list the proposed members of your teaching network, their positions, institutions and potential role within the project.

Please note that a Teaching Network must include a minimum of 3 partnering organisations.

Include their name, academic position, institution and role within the proposed network. Put each member on a new line.

Please describe your rationale for including the above lecturers and institutions in the proposed network. What does each member and institution add to your project and why is your department or centre best placed to serve as the overall coordinator for the network?

- \* Please explain how you will arrange for transferrable student credit between the institutions involved in your network. What other arrangements will you put in place in order to encourage student mobility (for example student travel grants and student exchange programmes)? Does distance learning form a part of your proposal? If yes, please explain in detail how this will be implemented.

- \* Please describe the new courses that will be offered as a result of this network, the form that these will take (summer schools, intensive or other course types). When, where and through which institution(s) do you plan to run these courses? Please be sure to provide as much detail as possible and to highlight any particularly innovative elements.

- \* Once your proposed network has been established, what will be the mechanism for adding new institutional partners? Will the infrastructure you create in the context of a teaching networks grant (for example, transferrable credits, distance learning and additional courses) endure after the grant period has ended? Please explain why or why not.

## Evaluation

- \* How will you evaluate whether the planned outcomes of the proposed teaching network 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 also note their role(s).

Use a new line per member.

## Department/Institution/Centre Structure

\* How many Full Time Equivalent Faculty Members belong to your department/institution?

\* Does your department/Institution/ Centre employ adjuncts-session lecturers?

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?

[Attachments](#)

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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. Documents must be uploaded below.

**Please note: Please ensure that non-Latin characters or symbols (for example: à, ø, Å, é, ü, ž, \*, ", !, \*, spacings) appear in the title of the documents you intend to upload.**

1. Official proof of your institution's charitable/non-profit status.
2. Certification from the tax authorities (if applicable).
3. The most recent available audited accounts or financial statement stamped by the financial authority in your country.
4. If the submitted audited accounts or financial statement are not in English, you are required to submit an English summary of the income and expenditure account and balance sheet.
5. **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](#).
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. The operating budget of your institution for the current fiscal year.
8. Report on previous grants from RFHE (if applicable). Submit latest progress report or final report ONLY if not previously provided.
9. Any additional supporting documentation to support your application.

### Primary Contact

\* Title  \* First Name  \* Last Name

\* Position  \* E-mail

\* Direct Phone (Landline)  Mobile Phone   
Include country code.

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

\* Would you 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.

### Authorised Signatory (please only complete if different from the primary contact)

Authorised Signatory for signing grant letter and agreement (e.g. Organisation Director; Chair of the Board.)

Prefix  First Name  Last Name

Position  E-mail

Mobile Phone   
Include country code.

Would the authorised signatory 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.

### Applying Department/Institution/Centre Details

\* Address

\* City  \* Postal Code  \* Country

\* Department Phone Number  \* Department Website Address   
Include country code.

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

\* Public or Non Profit Organisation

Referees

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\* 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](mailto: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.

**The referee deadline is 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 and 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 -"/>
Mobile Phone	* Landline Number	
Include country code.	Include country code.	
<input type="text"/>	<input type="text"/>	

## Referee 2

* 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 and 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 -"/>
Mobile Phone	* Phone Landline	
Include country code.	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 this 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.