Request for Invitation as an Academic Visitor to the University of Leicester

Please ensure you complete and submit this form a minimum of three months before the intend start date of your visit.

Part A: To be completed by visitor

Legal name in full		
Any other known by name		
Email address		
This must be your home institution email		
address rather than a personal email		
address		
Contact telephone number		
Current job title		
Current institution		
Home address		
Country of residence		
Nationality		
Highest qualification		
ORCID		
Start date of proposed visit		
End date of proposed visit		
Please note, visits should be for a		
maximum of six months unless with		
exceptional approval from Head of School		
Current employer	Name of line manager:	
	Email address:	
	Phone number:	
	Address:	
My line manager is aware of this visiting	YES/NO	
request and is supportive		
Funding details of visit eg. sabbatical		
salary, research grant		
Name of University of Leicester academic		
host	<u> </u>	
Reason for applying to visit the University of		
, ,	d collaborations you have with the University of	
Leicester or staff at the University.		
Short outline of proposed research that will I	he undertaken at the University of Leicester	
Short outline of proposed research that will i	be undertaken at the oniversity of Leicester	
Anticinated outcomes of visit equipint nublic	ations delivery of lectures or seminars, student	
Anticipated outcomes of visit eg. joint publications, delivery of lectures or seminars, student exchanges, staff exchanges, collaborative research		
<u> </u>		
If you are requesting a visit of longer than six	months, please provide reasons for requesting a	
longer visiting period and the added benefits this will bring to the University of Leicester.		

This will only be approved where a longer vis grant or award.	sit has been specifically agreed as part of an existing
Who will be paying the cost of the academic visitor fee? The visit is charged at £250 per month of visit for desk-based research or £500 per month for lab-based research. This also includes library and IT access.	Home institution/external grant/self-funded
Please provide the name and contact details of the person we should contact about fee payment (if you are not paying yourself):	

Please include the following documents (your application will not be considered without them)

- An up-to-date CV
- Two academic references, including one from your current manager
- A letter signed by your current head of department on institution headed paper confirming:
 - o that you are an academic member of staff of your home institution;
 - o that you will remain employed by them for the duration of your visit;
 - o that your visit has the full support of your Head of School/Department;
 - that you will continue to receive your salary for the duration of your visit, or other evidence of funds such as an external grant;
 - o that your institution has agreed to pay the cost of your visit (if relevant)

Please note, all documents must be translated into English.

Signature o	f academic visito	r: Da	ate:
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Please note: Submission of this form does not guarantee that you will be accepted as a visitor. Please do not start to make any arrangements for your visit until you have received confirmation that your visit request has been approved and you have received a formal letter of invitation from the University of Leicester.

Part B: To be completed by academic host

We would strongly encourage you to have a provisional Teams call with the prospective visitor before agreeing to host them at the University of Leicester to better understand their reasons for requesting to visit and ensure their research interests are aligned with those of the School/Department.

Name of host	
School they will be based in	
Identity of visitor has been confirmed?	Yes/No
This should be done through a Teams call	
with the visitor to view their passport and	
likeness.	

Confirmation that the visitor has a satisfactory level of English language skills to undertake research? This should be confirmed as part of Teams call.	Yes/No	
Who initiated the visit?	Visitor/academic host	
What benefits will the visit bring to the Unive	ersity of Leicester?	
Please detail how the visitor's proposed rese School?	arch align with the strategic research direction of the	
Signature below confirms that you are suppor academic visitor for the duration of their visit.	tive of this visit and will take responsibility for the	
Signature of academic host:	Date:	
This signed form should now be submitted to your School for the next stage of approval.		

Part C: To be completed by Head of School/Department

Yes/No
If yes, please complete the Trusted Research
Assessment process and add the completed
documentation to the pack

Signature below confirms that the Head of School/Department has approved this visit, will be putting it forward for review by the College Committee, and that the application has been logged by the School/Department administration team.

Signature of fiead of School/Department.	Signature o	f Head of Schoo	I/Department:	Date
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If approved, please confirm back to the Academic Host that this will be put forward for review by the college committee.

If not approved, please confirm back to the Academic Host and ask them to advise the applicant that unfortunately we cannot host their visit.

Part D: To be completed by College Committee, including College Dean of Research and Enterprise

The College should review the information provided by within the Trusted Research Review to ensure that no risks have been identified and confirm that nothing is known at a college level that would prevent the School/Department hosting this visit.

Signature below confirms that the College approve this visit on behalf of the University of Leicester.

Signature of Head of College:

Date:

If approved, please confirm back to the School/Department and Academic Host. If required, they should now liaise with their visitor to arrange ATAS. The Letter of Invitation will not be issued until satisfactory ATAS clearance has been provided.

If not approved, please confirm back to the Academic Host and ask them to advise the applicant that unfortunately we cannot host their visit. Part E: Letter of Invitation issued by School/Department with Visitor Agreement			