

# Application requirements

Please ensure you have read the Visiting Scholars page before proceeding with your application:

* [Visiting Scholars](https://www.sl.nsw.gov.au/fellowships/visiting-scholars)

The completed form must be submitted no later than Friday, 12 July 2024 5:00 pm AEST.

Enquiries

Division of the Mitchell Librarian and Engagement
State Library of New South Wales

1 Shakespeare Place
SYDNEY NSW 2000 Australia

tel +61 2 9273 1765
email scholarship@sl.nsw.gov.au

# Applicant's personal details

|  |  |  |  |
| --- | --- | --- | --- |
| Prefix (optional) |  |  | [ ]  Mr [ ]  Ms [ ]  Mx [ ]  Dr [ ]  A/Prof [ ]  Prof |
| First name/s  |  |  | Enter first name/s |
| Surname |  |  | Enter your surname |
| Pronouns (optional) |  |  | Enter any preferred pronouns |

## Do you identify yourself as an

|  |  |
| --- | --- |
| [ ]  Established researcher | [ ]  Early career researcher |
| [ ]  Mid-career researcher | [ ]  Independent scholar |

## Home address

|  |  |  |
| --- | --- | --- |
| Address |  | Enter address |
| Suburb |  | Enter suburb |  | State |  | Enter state |
| Postcode |  | Enter postcode |  | Country |  | Enter country |

## Postal address (if different from above)

|  |  |  |
| --- | --- | --- |
| Address |  | Enter address |
| Suburb |  | Enter suburb |  | State |  | Enter state |
| Postcode |  | Enter postcode |  | Country |  | Enter country |

## Telephone number and email

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Telephone |  | Enter telephone number |  | Email |  | Enter email address |

# The project

## Brief title of project

|  |
| --- |
| Enter the project title |

## Project abstract

|  |
| --- |
| Enter up to 200 words |

## Does your proposal explore Australian Indigenous culture and/or history?

|  |
| --- |
| Yes [ ]  No [ ]  |

If yes, please give examples.

|  |
| --- |
| Enter up to 100 words |

# Relevant research collections being utilised for the project

|  |
| --- |
| Enter up to 500 words |

# Referees

Please note: Referee personal information must only be provided with the consent of the referee. Referees may be contacted about future Fellowship opportunities.

## Referee 1

|  |  |  |
| --- | --- | --- |
| Full name |  | Enter the name for referee 1 |
| Email |  | Enter the email address for referee 1 |

## Referee 2

|  |  |  |
| --- | --- | --- |
| Full name |  | Enter the name for referee 2 |
| Email |  | Enter the email address for referee 2 |

# How did you learn about the Visiting Scholar program?

|  |
| --- |
| Click to select an option |

|  |  |  |
| --- | --- | --- |
| If other |  | Please specify |

# Biographical note

Please provide brief biographical information.

|  |
| --- |
| Enter up to 200 words |

# Resumé

You may submit your resumé as a document of up to 5 pages to support this application. Accepted formats are rtf, pdf, doc or docx.

## I wish to receive further information or updates about research and Fellowship opportunities at the State Library of NSW \*

|  |  |  |
| --- | --- | --- |
| Yes [ ]  |  | No [ ]  |

# Declarations

[ ]  I have read the frequently asked questions and guidelines, and I acknowledge that there is no financial remuneration for Visiting Scholars.

In signing and submitting this application, I declare that I have read the conditions relating to Visiting Scholars. I certify that, to the best of my knowledge, all the information in this application is correct. If my application is successful, I agree to abide by the conditions for appointment as a Visiting Scholar at the State Library of NSW.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Signature: |  | Type your name to sign |  | Date: |  | Select the date |

Submission instructions

Email your completed form to scholarship@sl.nsw.gov.au using the subject line Application - Visiting Scholar - Your Name

The completed form must be submitted no later than Friday, 12 July 2024
5:00 pm AEST.