**Postgraduate Research (PGR) Leave Support Fund – Application Form**

**Guidance**

* Please ensure that you have read the PGR Leave Support Fund Policy prior to completing the PGR Leave Support Fund application form.
* This application must be completed and submitted to the Fund managers (rkes-res@strath.ac.uk) by the Department the applicant is registered in.
* Applications can be submitted for consideration at any point in the academic year, there is no deadline for applications to be submitted.
* Applications should be made as far in advance as possible; although it is recognised that this may not always be possible.
* Applications will be considered on a case by case basis, based on the information provided in the application form.
* If you are applying for paid carers leave, please note that the Widening Access Team within the University will be contacted to confirm your status at the University as a student carer. If you have not self-declared to the University as a carer, it is recommended that you contact the University’s dedicated adviser for student carers at the earliest possible opportunity.
* For information on support for student carers at the University, please see the [Student Carers Policy](https://www.strath.ac.uk/media/ps/sees/wideningaccess/FINAL-Approved_Student_Carers_Policy_v1.1.pdf), or contact the University’s dedicated adviser for student carers, Louise Martin: louise.martin.100@strath.ac.uk / 0141 548 4050.

**Application**

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| **Applicant Details** |
| **Student Name:** |  |
| **Registration Number:** |  |
| **Department/ School:** |  |
| **Supervisor(s):** |  |
| **PGR Funding Source:** |  |

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| **Paid Leave Request** |
| **Requested Length of Paid Leave** (in months)**:** |  |
| **Dates of Requested Paid Leave** (start and end)**:** |  |
| **Reason for Leave Request** (Please provide information on the reason for the request for paid leave. Please do not feel that you are required to disclose any personal information that you are not comfortable with sharing)**:** |  |

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| **Documents** |
| **If you are applying for paid medical leave, please confirm that the University holds relevant medical evidence that you are not fit to work over the requested paid leave period.:** |  |
| **If you are applying for paid maternity leave, please confirm that the University holds a copy of your MATB1 form:** |  |

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| **Signatures** |
| **Student’s Signature:** |  |
| **Supervisor’s Name:** |  |
| **Supervisor’s Signature\*:** |  |
| **Department/School Representative’s Name:** |  |
| **Department/School Representative’s Signature\*\*:**  |  |

**\****By signing this form, the Supervisor is agreeing to support the student’s request for paid leave for the requested period.*

\*\* *By signing this form, the Department is agreeing to support the student’s request for paid leave for the requested period.*