

Mathematical Institute, University of Oxford
Visitors Form



Sponsorship of Visitors

The Sponsorship of Visitors form should be completed for **all** prospective visitors to the Mathematical Institute who will require access to services during their visit, including access to departmental IT facilities, University Card, desk space and Whitehead Library. This form should be completed **before** they arrive. The form should be completed by the “academic sponsor”. In some cases this will be a funded research project or centre in which case this form can be completed by the local administrative support. In other cases the sponsor will be an individual member of the faculty in which case this form should be completed by that faculty member. For those who are not funded from projects within the Institute it will be the responsibility of the sponsor to raise the question of fees with the visitor. The current standard fee is £130 per month.

Once completed the form should be returned to the Visitors’ Co-ordinator, Dawn Bevan, for the Chairman’s approval. Applications for a visit of six months or longer need prior approval of the Chairman of the Research Committee.

Section A: VISITOR INFORMATION

PERSONAL DETAILS	
FAMILY NAME	<input type="text"/>
FIRST NAME	<input type="text"/>
CONTACT EMAIL ADDRESS	<input type="text"/>
CONTACT TELEPHONE NUMBER	<input type="text"/>
CORRESPONDENCE ADDRESS (E.G. INVITATION LETTER)	<input type="text"/>
HOME INSTITUTION	<input type="text"/>
NATIONALITY	<input type="text"/>
COUNTRY OF RESIDENCE	<input type="text"/>
DOES THE APPLICANT REQUIRE A VISA TO COME TO THE UK AS AN ACADEMIC VISITOR? (PLEASE REFER TO THE GUIDANCE NOTES FOUND AT WWW.MATHS.OX.AC.UK/VISITORS)	YES <input type="checkbox"/> NO <input type="checkbox"/>
DOES THE APPLICANT HAVE ANY SPECIAL ACCESS OR OTHER REQUIREMENTS? (PLEASE PROVIDE DETAILS).....	YES <input type="checkbox"/> NO <input type="checkbox"/>
.....	

VISIT DETAILS

DATE OF PROPOSED VISIT FROM TO

IS THE VISIT SPONSORED BY A RESEARCH PROJECT OR CENTRE WITHIN THE MATHEMATICAL INSTITUTE?

YES NO (IF ANSWERED 'YES' PLEASE GIVE DETAILS)

WHAT IS THE NATURE OF THE WORK THAT WILL BE CARRIED OUT DURING THE VISIT (I.E. PRIVATE RESEARCH, COLLABORATION ON A RESEARCH PROJECT, GIVING A LECTURE(S)/SEMINAR(S))

FOR VISITS OF MORE THAN SIX MONTHS THAT ARE NOT PART OF AN EXTERNALLY FUNDED VISITORS PROGRAMME HAS APPROVAL BEEN GIVEN BY THE CHAIRMAN OF THE RESEARCH COMMITTEE? YES NO

FUNDING

WILL THE VISITOR BE ABLE TO CONTRIBUTE TOWARDS THE COST OF THEIR VISIT BY PAYING A BENCH FEE OF £130 PER MONTH? YES NO

(IF ANSWERED 'YES' PLEASE GIVE DETAILS)

FOR FURTHER INFORMATION ON COMPLETION OF THE FORM APPLICANTS SHOULD REFER TO THE GUIDANCE NOTES WHICH CAN BE FOUND AT [WWW.MATHS.OX.AC.UK/VISITORS](http://www.maths.ox.ac.uk/visitors)

SIGNATURE OF SPONSOR¹.....

PRINT NAME.....DATE.....

IF SIGNED BY ADMINISTRATIVE SUPPORT IN A RESEARCH CENTRE PLEASE INDICATE THE BODY WHICH APPROVED THE DECISION

.....

¹ The 'sponsor' can be a research centre or an individual member of faculty. If sponsored by a research centre the form can be signed by the relevant project manager/centre administrator *once the decision has been formally approved within the management structure of the relevant body.*

FOR OFFICE USE ONLY: SECTION B ADMINISTRATIVE INFORMATION

THIS SECTION SHOULD BE COMPLETED BY THE LOCAL ADMINISTRATIVE STAFF (IF APPLICABLE)
BEFORE RETURNING TO THE VISITORS' CO-ORDINATOR, DAWN BEVAN

NAME OF PERSON / RESEARCH CENTRE TAKING ADMINISTRATIVE RESPONSIBILITY FOR THE VISITOR

PURPOSE OF THE VISIT/PLANNED ACTIVITY IF NOT DESCRIBED IN SECTION A

WHAT TYPE OF VISA DOES THE VISITOR REQUIRE TO ALLOW THEM TO UNDERTAKE THE ACTIVITIES DESCRIBED ABOVE?

BUSINESS VISITOR VISA ACADEMIC VISITOR VISA TIER 5 VISA WAIVER

(PLEASE REFER TO GUIDANCE NOTES WHICH CAN BE FOUND AT WWW.MATHS.OX.AC.UK/VISITORS)

HAS THE VISA BEEN OBTAINED? YES NO IF 'NO' HAS IT BEEN APPLIED FOR? YES NO

(NB: ONCE A VISITORS VISA HAVE BEEN OBTAINED A COPY NEEDS TO BE SENT TO THE VISITORS CO-ORDINATOR, DAWN BEVAN)

FUNDING SOURCE (INCLUDING GRANT CODE WHERE KNOWN)

IS THE RESEARCH CENTRE/PROJECT PAYING FOR:

AN HONORARIUM SUBSISTENCE TRAVEL OTHER

IF ANSWERED 'OTHER' PLEASE GIVE DETAILS

PLEASE INDICATE WHICH OF THE FOLLOWING RESOURCES WILL BE REQUIRED:

ALLOCATION OF OFFICE SPACE YES NO

IF ANSWERED 'YES' PLEASE INDICATE IF THIS CAN BE ALLOCATED WITHIN THE EXISTING ROOM ALLOCATION OF THE RESEARCH CENTRE YES NO

UNIVERSITY CARD YES NO

(FOR VISITORS HERE FOR LESS THAN ONE WEEK A TEMPORARY WHITE CARD WILL BE ISSUED)

ACCESS TO THE WHITEHEAD LIBRARY YES NO

COMPUTER ACCOUNT YES NO

OTHER COMMENTS:

PLEASE RETURN THIS FORM TO: DAWN BEVAN, THE MATHEMATICAL INSTITUTE, 24-29 ST GILES', OXFORD, OX1 3LB
(TEL: 01865 273530, FAX 01865 273583)

PLEASE ALLOW 2-3 WORKING DAYS FOR APPROVAL OF YOUR APPLICATION

APPROVED BY CHAIRMAN OF RESEARCH COMMITTEE.....DATE.....

(FOR VISITS OVER 6 MONTHS)

APPROVED BY CHAIRMAN:.....DATE.....

COPY OF VISITORS' VISA RECEIVED REGISTRATION FORM RECEIVED DETAILS GIVEN TO FINANCE DATE.....INITIALS.....