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| **APPLICATION TO DELIVER THE PETER N DAVIES SEMINAR**  Please read the advice on the application process before completing this form. | | | | | |
| **Name** | | |  | | |
| **Title** | | |  | | |
| **Pronouns** | | |  | | |
| **Address** | | |  | | |
| **Email** | | |  | | |
| **Home/Work**  **Telephone** | | |  | | |
| **Mobile** | | |  | | |
| Applications to deliver the Peter Davies Seminar are open to new scholars in the field of maritime history. Please give details of how you satisfy either **PGR/ECR status** below. Please see the notes on the application process for further guidance on this. | | | | | |
| **Position** | | |  | | |
| **Institution** | | |  | | |
| **Dates of registration/employment** | | | |  | |
| For ECR applicants who have had held more than one academic post, please provide details below in the order of: Position, Institution, Dates of Employment. If you are beyond 4 years since the completion of your PhD, please add an explanatory note here. | | | | | |
|  | | | | | |
| **Education** (Please list the institution, title and classification of degree and date of award) | | | | | |
| **PhD** | | | | | |
|  | | | | | |
| **Masters** | | | | | |
|  | | | | | |
| **Undergraduate/First Degree** | | | | | |
|  | | | | | |
| **Proposed**  **Seminar**  **Title** |  | | | | |
| **Abstract (up to 500 words)** | | | | | |
|  | | | | | |
| **Abstract Video Submitted YES/NO**  Please see the notes on the application process for further information on how to complete and submit your video abstract | | | | |  |
| **Publications (up to 5)** Please give full title, author and full publication details | | | | | |
|  | | | | | |
| **Conference Papers Presented** (please give details of the Conference Title, Convening Institution/Organisation, Paper Title and Date) | | | | | |
|  | | | | | |
| **References** (please supply the names of **TWO** referees below. Please share the guidance for referees from the notes on the application process with your referees to assist them in completing their references. References must be received by the advertised deadline).  **CPMH will not request references**. | | | | | |
| **Name** | |  | | | |
| **Position** | |  | | | |
| **Address** | |  | | | |
| **Email** | |  | | | |
| **Name** | |  | | | |
| **Position** | |  | | | |
| **Address** | |  | | | |
| **Email** | |  | | | |
| **Telephone** | |  | | | |