**Application for the role of SICSA Director for Knowledge Exchange and Impact / SICSA Deputy Director**

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| Personal Information |
| Title: |  |
| Forename(s): |  |
| Surname: |  |
| University |  |
| Email: |  |
| Telephone Number: |  |
|  |  |
| Current Appointment |
| Current post and grade |  |
| Date of appointment to current post |  |

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| **Please describe your vision for the future of SICSA within the role of SICSA Director for Knowledge Exchange and Impact / SICSA Deputy Director and why you would like to be considered for the role** |
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Please attach a recent CV to your application