SOUTH WEST RESEARCH COOPERATIVE
DECLARATION OF INTEREST FORM

|  |  |
| --- | --- |
| Name | (first name, surname) |
| Email |  |
| Phone Number |  |
| Pathway/Programme of Study |  |
| Institution |  |
| Organisation(including address) |  |
| Contact at organisation | (name, email and phone number) |

*Tick here if you wish your project to be considered under the Brigstow highlight call and state below how it meets the criteria..*

**Project Description and Agreed Completion Date***In the box below, please outline the basic details of the project: namely, what the project would involve, where you will be located during the project’s occurrence, who you will be working with and the deemed importance of this short-term placement.*

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|  |
| Project Start Date |  |
| Project End Date |  |