Council for the Central Laboratory of the Research Councils

CLRC

# Visitors Application for Overseas Visit

(Please send completed form to Prof K Peach's Office, RAL)

FOR OFFICIAL USE ONLY  Travel Number  Date of Enquiry  Day Month Year

**1. Surname (CAPS)**  **Initials (CAPS)**

| Status | University | Unique Identifier | Project Code | Org Code |
|---|---|---|---|---|
| | | | | |

**Destination**

**Departure Date**

Day Month Year

**Duration of Visit**

Number of Nights

**Return Date**

Day Month Year

Will your visit involve working in a radiation area: Yes/No
Please give details of any annual leave to be taken during visit.

**2. LTA Details**

| Marital Status | If you are to be accompanied please list names of dependants | Email Address: |
|---|---|---|
| | | |

**3. Purpose of Visit:**

| **4. Please give travel and accommodation arrangements required (including those <u>already</u> tentatively made through RAL travel section):** | **5. Home address:** |
|---|---|
| | |

**6. Departmental Approval**:

Group Leader/budget Holder  Date:

**7. Director's Approval**:

Date: