# Application for Difficult Language Training (DLT)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title: |  | Initials: |  | Surname: |  |

|  |  |
| --- | --- |
| School: |  |

|  |  |
| --- | --- |
| University: |  |

|  |  |
| --- | --- |
| Pathway: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Year of PhD |  | Tel: |  | Email: |  |

## A. TRAINING INFORMATION

|  |  |
| --- | --- |
| Which language do you intend to study? |  |
| Dates you will be undertaking the training |  |
| Length of funding extension requested |  |

## B. CASE FOR LANGUAGE TRAINING (TO BE COMPLETED BY THE APPLICANT)

Please state how this language training will be beneficial to the completion of your funded research studies:

|  |  |  |  |
| --- | --- | --- | --- |
| *(300 words maximum)* | | | |
|  | | | |
| Student Signature: |  | Date: |  |

## C. SUPPORTING CASE (TO BE COMPLETED BY THE SUPERVISOR)

The supervisor should confirm their support of this application, and clearly indicate what resources the student will be using to undertake the training:

|  |  |
| --- | --- |
| *(300 words maximum)* | |
| I will ensure that the institution is informed of an agreed DLT funding extension and that approval is sought for an equivalent extension to the PhD registration period (Please check box) |  |

## D. ENDORSEMENTS

I confirm that the details of the DLT Application form completed by the award holder are accurate. I will undertake to inform the WGSSS if the DLT is cancelled or curtailed.

|  |  |  |  |
| --- | --- | --- | --- |
| Supervisor Signature: |  | Date: |  |
| Print Name: |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Director of PGR Studies Signature: |  | Date: |  |
| Print Name: |  | | |

Completed application forms should be emailed to [enquiries@walesdtp.ac.uk](mailto:enquiries@walesdtp.ac.uk)