**ECFS / CF Europe Post-Doctoral Research Fellowship**

**Application form**

***Curriculum Vitae***

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| --- | --- | --- | --- | --- |
| **First Name** | **Family Name** | **Date of Birth** | **Nationality** | **ECFS Member number** |
|  |  |  |  |  |

**Personal Address**

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| --- | --- | --- | --- |
| **Address** |  | | |
| **Telephone** |  | **Fax** |  |
| **Email** |  | | |

**Current professional address and employer**

|  |  |  |  |
| --- | --- | --- | --- |
| **Institution** |  | | |
| **Department** |  | | |
| **Address** |  | | |
| **Telephone** |  | **Fax** |  |
| **Email** |  | | |

**Education** (add further lines as required)

|  |  |  |
| --- | --- | --- |
| **Year** | **Qualification obtained, field of study** | **Academic Institution where obtained** |
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**PhD Degree**

|  |  |  |
| --- | --- | --- |
| **Year** | **Title** | **Academic Institution where obtained and Director** |
|  |  |  |

**Activities or employment since PhD graduation** (add further lines as required)

|  |  |  |
| --- | --- | --- |
| **Dates from to** | **Position** | **Institution and department** |
| DD-MM-YY |  |  |
|  |  |  |

**Publications**

|  |  |  |
| --- | --- | --- |
|  |  |  |

**Posters or oral presentations presented at international conferences**

|  |  |  |
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**Other achievements**

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***Scientific project***

**Title**

|  |  |  |
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**Main area of the project**

* CFTR folding, trafficking and activity
* Cell physiology and ion transport
* Mucus and mucins
* Inflammation
* Infection
* Model systems for CF
* Innovative therapeutic approaches targeting the basic defect

**Host laboratory**

|  |  |
| --- | --- |
| **Mentor's name** |  |
| **Telephone/ Fax** |  |
| **Email** |  |
| **Director's name** |  |
| **Telephone** |  |
| **Email/Fax** |  |
| **Institution** |  |
| **Department** |  |
| **Address** |  |

**Composition of the team in the host laboratory who will be involved in the project** (add further lines as required)

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| --- | --- | --- | --- |
| **Name** | **Qualification** | **Full-time equivalent** | **Role** |
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**Main collaborative laboratory involved in the project** (Please clearly state the role and added value of the collaboration. Confirm also that a stay of a few weeks at the collaborative laboratory will be planned over the 2-year project and state its aim).

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| --- | --- | --- | --- |
| **Director's name** | **Institution** | **Location** | **Role** |
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**Other collaborative laboratories involved in the project** (add further lines as required)

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| --- | --- | --- | --- |
| **Director's name** | **Institution** | **Location** | **Role** |
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**Summary**

*State in 300 words the objectives, the methodology, the expected results and the future directions*

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**Lay Summary**

*State in 300 words the background, project objectives, study design, feasibility and expected spin-off benefits for the patient with CF*

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**Details of the project**

*State in 4 pages maximum the background, the aims, the methodology, the first results if any, the expected milestones over the 2-year project, and the future directions*

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**Feasibility of the project**

*Explain in 1 page maximum how the project is feasible emphasizing the host lab's and the candidate's past experiences, publications, and availabilities of funding and resources*

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**Innovation of the project**

*Explain in 1 page maximum in what way the project is innovative and how it may lead to future improvement in diagnosis, prognosis, treatment, survival, quality of life or quality of care of patients with CF*

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**Identified need of the project**

*Explain in a few sentences how this project responds to an identified need in patients/caregivers/society*

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**Salary of a Post-Doctorate (including salary costs)**

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| --- | --- |
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**Funding of project**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Description (consumables, equipment, animals, personnel) | Funding needed | Funding secured (amount, source) |
| Year 1 |  |  |  |
| Year 2 |  |  |  |

**Other funding requests made to support the candidate's salary**

*Note that the application review process will be the same whether or not other funding has been sought*

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| --- | --- |
| **Funding body** | **Expected answer date** |
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If awarded, the candidate agrees to submit his/her work to an ECFS conference for presentation

* Yes
* No

If awarded, the candidate agrees to submit a report to ECFS at the end of the first year and a final report at the end of the second year

* Yes
* No

**Additional documents must be sent with this application** (tick the box if the document is provided). Please send all documents including the application form in one pdf file.

* Copy of an identification document
* Copy of the candidate's PhD degree
* A letter of support signed by the Post-Doctoral fellow's Mentor in the host laboratory and the Director of the host laboratory confirming that:
* if funded, the candidate will be welcome in his/her laboratory for 2 years
* the candidate will work on the project described in the application
* adequate workplace facilities will be provided during the 2 years
* funding is available to support this research, i.e., while the selected candidate's salary will be supported by ECFS/CFE for 2 years, laboratory's equipment and consumables should be available and paid for by the host laboratory
* A Letter of support from at least one researcher from a collaborative laboratory confirming that:
  + His/her laboratory is engaged in a collaboration with the host laboratory and stating its role in the project
  + He/she supports the candidate´s scientific project
  + He/she will welcome the candidate to stay in his/her laboratory for few weeks over the 2-year period and stating the aims of the stay
* At least one recommendation letter from someone working in the CF field in another laboratory than those working on the candidate's scientific project
* Separate salary budget signed by the host institution's human resources department stating the salary of a Post-Doctorate. The exact amount will be based on the actual salary and costs that are directly related to the payment of salary, including any mandatory taxes, social security contributions and similar as required to pay or withhold under local law but excluding all other costs.
* A 1–2-minute video message in English of the applicant presenting him/herself and explaining the main purpose of his/her research would be welcome, although not mandatory for the application to be eligible

**By submitting this application,**

* I understand that the provided data will be saved and processed. The handling, which includes saving data, transmission, blocking and erasing, and utilization of all data is executed within the guidelines of the European General Data Protection Regulations.
* I agree for my application to be sent to external reviewers for evaluation. Confidentiality rules will apply to the reviews and to the whole process.

Date Signature