Application Form

Advanced Clinician Scientist Program ACTIVATE

1 Personal Information

Last name:	
First name:	
Title:	
Present position:	
Present affiliation:	
Phone:	
E-Mail:	
For external applicants:	
Future affiliation at UMC:	

2 Application Requirements

2.1 Research program

- Title
- Summary
- Description (max. 10 pages) including:
  - State of the art and preliminary work (4 pages)
  - Objectives (0.5 pages)
  - Work program (5 pages)
    with detailed scientific and clinical goals and milestones for a six-year fellowship
- Reference list
- List of third-party funded projects

2.2 Curriculum vitae
including education, clinical experience, research achievements and leadership roles.

2.3 Personal statement reflecting on motivation, leadership qualities, and vision for contribution to the field (1-2 pages).

2.4 A letter of support from the senior mentor of the scientific department including access to laboratory space and infrastructure. In addition, the fellow's status as an independent group leader must be ensured.

2.5 A letter of support from the senior mentor of the clinical department ensuring support for clinical career development.

2.6 A commitment letter from the director of the clinical department ensuring 50% protected research time.