Application form
Please read the Guide for Applicants carefully before filling in this form.

* Candidates should submit applications via e-mail (leadingfellows@tudelft.nl) .
* We advise you not to wait until the deadline: before 12:00:00 CET PM on the date of the call deadline (31 March 2017).
* After the submission of your application you will receive a confirmation of receipt.
* Should you have any further questions, don’t hesitate to contact the LEaDing Fellows Project Office (leadingfellows@tudelft.nl) .

General information

|  |
| --- |
| **Personal information** |
| Name, first name, title (s) |  |
| Gender |  |
| Date of birth |   |
| Nationality |  |
| Email  |  |

|  |
| --- |
| **PhD degree** |
| PhD discipline |  |
| Award date / forecasted award date\* |  |
| Institution |   |
| Country |  |
| Extension window\*\* |  |

\*Applicants should have obtained their PhD before the recruitment date (1 October 2017) less than 60 months prior.
\*\* The application window can be extended with 6 months for pregnancy (per child), maternity or paternity leave (6 months per child), training for medical specialists (3 years) or compulsory and reserve military service (actual time). Evidencing documentation must be added to the application as an annex.

|  |  |
| --- | --- |
| Address |  |
| Zipcode |  |
| Town |   |
| Country |  |
| Period of residence |  |

|  |
| --- |
| **History of place of residence (since 1 October 2014)\*** |
| *country of residence*  | *Period of residence* |
|  |  |
|  |  |
|  |  |

\* Applicants shall not have spent more than 12 months in the Netherlands in the 3 years immediately prior to the recruitment date of 1 October 2017. If an applicant had more places of residence in this period, please indicate the periods and countries.

|  |  |
| --- | --- |
| Field of research | o   Humanities and Social Sciences, namelyo Physical sciences and Engineering, namely o Life sciences, namely  |
| Institution | o   Leiden Universityo   Leiden University Medical Centero   Erasmus University Rotterdamo   Erasmus Medical Center o   Delft University of Technology |
| Hosting group \* |  |
| Anticipated dates for fellowship position\*\* | From .. until |
| Did you applied with this proposal before? If yes, for which grant? What was your score? |  |

**Project**

\* Be aware that candidates should first contact potential supervisors. A commitment letter from the hosting group is part of the application. The commitment letter format can be found in this application form.
\*\* The appointment window for the first call is 1 November 2017 - 30 April 2020.

Experts/Peers

Please provide the names of three international experts in the field of your research and who could be asked to evaluate the application. Please mention only experts from whom you suspect no conflict of interest situation exists with respect to your application or your hosting groups. Experts from research units in which you have previously worked or with whom you have published will be considered as being in “conflict of interest”.Please do not contact the experts you suggest.

|  |
| --- |
| **Expert 1** |
| Name |  |
| University/research unit |  |
| Department |  |
| Mail |  |
| **Expert 2** |
| Name |  |
| University/research unit |  |
| Department |  |
| Mail |  |
| **Expert 3** |
| Name |  |
| University/research unit |  |
| Department |  |
| Mail |  |

Proposal

|  |
| --- |
| **Summary of proposal and trainingsplan** (max 1 page) |
|   |
| **Research proposal** (max 3 pages) |
|   |
| **Training plan** (max 3 pages) |
|   |
| **CV and list of publications** (max 4 pages) |
|   |
| **Motivation letter of the candidate** (max 1 page) |
|   |
| **Letter of commitment** (see format below) |
| **Letter of Commitment LEaDing Fellows Postdoc Programme**

|  |  |
| --- | --- |
| **Name of applicant** | Click here to enter text. |
| **Title of project** | Click here to enter text. |
| **University where the project would be embedded** | Click here to enter text. |
| **Department where the project would be embedded** | Click here to enter text. |
|  |  |
| **Name legal representative of hosting group [[1]](#footnote-1)** | Click here to enter text. |
| **Email address of legal representative of hosting group** | Click here to enter text. |
|  |  |
| **Name of supervisor-to-be** | Click here to enter text. |
| **Research area of supervisor-to-be** | Click here to enter text. |
| **Email address of supervisor-to-be** | Click here to enter text. |
| **Phone number of supervisor-to-be** | Click here to enter text. |
| **Motivation Hosting Group (optional)** | Click here to enter text. |

I, legal representative of *university/faculty/department* agree that [the name post-doctoral fellow] will be supervised during the LEaDing Fellowship if this is awarded. I declare that funding for this project will be available from my department or another source to make up the total required in addition to the funding which will be provided from the EU as part of the COFUND project. I declare that the appropriate conditions (office, laboratory space, equipment, etc) for the correct development of the proposed project will be available. I have read and understood the responsibilities of hosting a LEaDing Fellow (See *Terms of Reference hosting group*).Signature legal representative hosting group: Date:  The legal representative is the authorized person to commit the hosting group to above mentioned actions.  |

1. [↑](#footnote-ref-1)