



## INTERNATIONAL AGENCY FOR RESEARCH ON CANCER

150, cours Albert Thomas, 69372 Lyon Cedex 08, France

Application for an IARC-IRELAND POSTDOCTORAL RESEARCH TRAINING FELLOWSHIP

**(Please see notes on how to complete this form on page 12)**

<p>LEAVE BLANK</p>  <p>DATE Application received at IARC :</p>	<p>SPACE FOR PHOTOGRAPH</p>
<p>Proposed date of commencement:</p>	<p>Duration:</p>

<p><b>A. IDENTIFICATION OF APPLICANT</b></p>				
<p>1. Family Name (Surname) <span style="margin-left: 150px;">First name</span> <span style="margin-left: 150px;">Other names</span></p> <p>.....</p> <p style="text-align: center;">(underline the name by which you are officially addressed)</p>				
<p>2. Name and address of the institution where you are working now.</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Tel. No. .... Fax No. .... E-mail: .....</p>				
<p>3. Mailing address if different from 2.</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Tel. No. .... Fax No. .... E-mail: .....</p>				
<p>4. Place of birth</p>	<p>Date of birth (dd-mm-yy)</p>	<p>Age</p>	<p>Nationality</p>	<p>Marital status</p>
<p>5. Sex</p> <p><input type="checkbox"/> M <input type="checkbox"/> F</p>	<p>6. Name, address, telephone number and e-mail of person to be notified in case of emergency.</p> <p>.....</p> <p>.....</p> <p>.....</p>			

Name:

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A. IDENTIFICATION OF APPLICANT

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7. Dependants

Name	Relationship	Age	Will dependant accompany you?
1.			Yes / No
2.			Yes / No
3.			Yes / No
4.			Yes / No
5.			Yes / No

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B. EDUCATION AND EXPERIENCE

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8. QUALIFICATIONS (start with most recent)

Name and city of institutions of study	Years of study		Field of study	Degrees
	from	to		
	Mo. and Yr	Mo. and Yr		

Name:

B. EDUCATION AND EXPERIENCE

9. EMPLOYMENT RECORD For your present and previous posts, give details of your duties and responsibilities.

Present or most recent post -	Description of various aspects of your work
Years of service : from                      to	
Name and address of institution or agency which employs you if different from 2 :	
Name of supervisor :	
Years of service : from                      to	Description of various aspects of your work
Title of your post :	
Name and address of institution or agency which employed you :	
Name of supervisor :	

What is your present annual salary :	
Do you have any other professional income :	
What part of your salary will be continued if you receive a fellowship :	

**How did you hear of our fellowships programme?**

- From a friend/colleague       From our paper announcement
- From a journal/magazine       If so, which: .....
- Through a journal/magazine website       If so, which: .....
- From the IARC web site
- Other:  
.....  
.....

Name:

C. RESEARCH EXPERIENCE

10. Previous research experience *(see notes to candidates, page 2)*

11. Scientific Publications : Please attach list and, if you wish, send 2 reprints of each of the 2 more recent.

(Applications are acceptable from candidates without publications)

Name:

C. RESEARCH EXPERIENCE

12. Present research interests and activities (see notes to candidates, page 2)

***The Fellowship Selection Committee places great importance on the presentation of your research work in this section.***

Name:

D. PROPOSED STUDIES OR RESEARCH

13. Proposed programme during the Fellowship (see notes to candidates, page 2)

***This section is of key importance in the Selection Committee's evaluation of your application.***

Scientific Discipline:

- Epidemiology (including  genetic and  molecular)
- Biostatistics
- Others (interdisciplinary projects involving epidemiology): .....

Proposed programme title:

Description of the programme (if interdisciplinary, explain the focus on epidemiology):

Name:

D. PROPOSED STUDIES OR RESEARCH

13. *Proposed programme during the Fellowship (cont'd)*

Name:

D. PROPOSED STUDIES OR RESEARCH

14. Names and addresses of 4 persons (including your present supervisor, but excluding the supervising scientist mentioned in Section 15) familiar with your professional work. You should send them each an evaluation form (see below).

	Name	Full address
1.		
2.		
3.		
4.		

15. Suggested Training Group at IARC and supervising scientist.

See IARC web site - Research Sections: <http://www.iarc.fr/en/research-groups/index.php>

1)

I contacted the Group Head at IARC on (date): .....

In case this Group cannot accept you, please indicate an alternative host Group at IARC:

2)

I contacted the Group Head at IARC on (date): .....

Name:

16. Languages (list mother-tongue first)	READ			WRITE			SPEAK		
	Excellent	Good	Fair	Excellent	Good	Fair	Excellent	Good	Fair

17. Previous Fellowships, Scholarships or Grants (date, source, place and subject)

18. a Fellowships, Scholarships or Grants applied for, and dates of anticipated selections :

18. b Explain the potential for obtaining a position in an institution in Ireland upon your return home and to remain working in cancer research, preferably in the field of epidemiology.

E. CERTIFICATION - DECLARATIONS

19. Is Government clearance needed for your acceptance of this fellowship? If so please attach copy of it.  yes  
 no

Name:

E. CERTIFICATION

20. Acceptance of conditions of the fellowship by applicant :

I am aware that if I am awarded a fellowship it will be conditional upon my acceptance of the terms of the letter of proposal of an award. Subsequent to my acceptance, a formal letter of award will be sent, and the travel and stipend arrangements made by the Agency.

I undertake to return to Ireland at the end of the fellowship period to continue my work for at least three years.

Place and Date :

21. Acceptance of conditions of fellowship **by Director of the applicant's institution** :

The studies to be carried out under this fellowship will strengthen the research programme and research of the country and of this Institution.

If a fellowship is awarded,

- a) the recipient will receive leave of absence for the fellowship period, and
- b) full use will be made of him (her) in the field covered by his (her) fellowship.

Facilities for his (her) continued work will be available.

The absence of the applicant during studies abroad will not adversely affect his (her) status, seniority, salary, pension and similar rights.

24. On return from the fellowship period, it is proposed to employ the recipient as follows :

Title of post on return from fellowship :

Duties and responsibilities on return from fellowship :

Place and Date :

Official address :

Name:

*IARC\* - Ireland Postdoctoral Fellowship application Medical Report form*

F. MEDICAL REPORT

INSTRUCTIONS:

To be completed by a registered medical practitioner after thorough clinical and laboratory examination and the checking or updating of vaccinations. The Agency reserves the right to request complementary medical tests or to require the candidate to undergo a further medical examination before he takes up his fellowship.

**Any costs incurred in the delivery of this report are to be borne by the applicant.**

*(NB: Candidates may await notification of award before completing the medical examination)*

Name of applicant :

Sex:

M:

F

1. Is the person examined at present in good health and in full working capacity?
  
2. Is the person examined physically and mentally able to undertake intensive study abroad, and free from any condition that may hamper its successful accomplishment?
  
3. Is the person examined free from infectious diseases (for instance tuberculosis and trachoma) which could present risks both to the applicant during his fellowship period and to his contacts?
  
4. Is the person up to date with their vaccinations, including Hepatitis B?  
*(Please note that IARC requires documentary evidence of Hepatitis B status for people required to undertake lab work or who are to work with biological samples.)*

Place and Date :

Signature of examining Physician :

Qualifications :

Name and exact address (typewritten or in block letters).

*\*International Agency for Research on Cancer  
Centre international de Recherche sur le Cancer  
150 cours Albert-Thomas, 69372 Lyon Cedex 08, France  
Tel: +33 4 72 73 84 48, Fax: +33 4 72 73 80 80*

## IARC-IRELAND POSTDOCTORAL RESEARCH TRAINING FELLOWSHIP

### NOTES TO HELP YOU COMPLETE THE FORM

Please answer each question clearly and completely. **Do not complete by hand. Type or print in black ink.** All relevant information should be included on this form but, if necessary, you may attach additional pages of similar size. **Please also attach a recent photograph** (passport size).

Be sure to sign and date the form.

1. **Sections 1-9** are straightforward - fill them in as accurately as possible.
2. **Section 10** - "PREVIOUS RESEARCH EXPERIENCE"  
A summary of your prior research activities should be given here explaining briefly what you did, why you did it and what results you achieved. It is not considered sufficient just to give the references of papers published.
3. **Section 11** - "SCIENTIFIC PUBLICATIONS"  
If you have any scientific publications, be sure to list them correctly. You may send two reprints of your last two papers if you wish. This is optional. If you have not yet published any scientific papers, say so in this section. It in no way invalidates your application.
4. **Section 12** - "PRESENT RESEARCH INTERESTS AND ACTIVITIES"  
**The Fellowships Selection Committee places great importance on the presentation of your research work in this section.** You should say clearly what the aims of your research are, what techniques are being used and what results, if any, have been obtained so far. You may use additional pages if you wish but should not make the section too long. On the other hand, two or three sentences would not normally be considered sufficient.
5. **Section 13** - "PROPOSED PROGRAMME DURING THE FELLOWSHIP"  
**This section is of key importance in the Selection Committee's evaluation of your application.**  
You should write to the supervising scientist mentioned further on in Section 15, in order to interact closely to establish a detailed, 2-page proposed programme of mutual interest that is related to your present research work, to the research programme of the Group at IARC which you are proposing to go to and the future research that you hope to do when you return home. The Fellowships Selection Committee prefers to see this section **written by the candidate in his own words** rather than to see a detailed programme set out by the supervising scientist. Where the proposed programme during the fellowship represents a marked change in the field of work, the Fellowships Selection Committee will expect to see evidence in the application that the applicant has already made his own effective efforts towards bringing about this change.  
  
As for all research activities at the Agency, IARC Fellowships respect fundamental ethical principles based on IARC's internal ethical rules and regulations as well as the provisions of the EC Seventh Framework Programme. For more information, see <http://ethics.iarc.fr/>; <ftp://ftp.cordis.europa.eu/pub/fp7/docs/ethics-for-researchers.pdf>.
6. **Section 14** - "REFEREES"  
Fill in the enclosed **Evaluation Forms** and send them directly to your present supervisor and the three other referees with the request that they be completed and returned directly to IARC, Lyon.
7. **Section 15** - "SUGGESTED TRAINING GROUP AT IARC AND SUPERVISING SCIENTIST"  
You should indicate your first and second choice of host Group and supervisor at IARC, as well as the date at which you contacted the supervisor(s) at IARC in order to establish a proposed programme of mutual interest.
8. **Section 18** - "FELLOWSHIPS, SCHOLARSHIPS OR GRANTS APPLIED FOR"  
It is normal practice to make application to more than one organization at the same time. The Fellowships Selection Committee does not in any way take account of other applications that may have been made. However, for our own administrative reasons, it is important for us to know what other fellowships you have applied for and if possible by what date you expect to know the outcome of your application.  
  
You should also indicate what your perspectives are for returning to a position in cancer research in Ireland.
9. **Section F** - "MEDICAL REPORT"  
Candidates may await notification of the award before completing the medical examination.

# International Agency for Research on Cancer



**World Health  
Organization**



WORLD HEALTH ORGANIZATION

## INTERNATIONAL AGENCY FOR RESEARCH ON CANCER

150, Cours Albert-Thomas, 69372 Lyon Cedex 08, France

### IARC-IRELAND POSTDOCTORAL RESEARCH TRAINING FELLOWSHIP EVALUATION FORM

Name and address of referee \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Sir/Madam,

I have applied for an IARC-Ireland Research Training Fellowship and I have given your name as a referee. Would you kindly complete this Evaluation Form and return it directly to the:

International Agency for Research on Cancer, **Fellowship Programme**  
150, cours Albert-Thomas, 69372 Lyon Cedex 08, France - Fax : +33 (0)472 73 80 80

Yours sincerely.

Name of applicant : \_\_\_\_\_ Signature of applicant : \_\_\_\_\_

Sir/Madam,

We would be grateful for your help in the selection of candidates for the IARC Fellowships by giving us your evaluation of the above candidate. You may be assured that your reply will be considered as a privileged communication and made available only to those persons taking part in the selection process. In your evaluation please comment on the applicant's abilities listed below.

Chairman, Fellowships Selection Committee

- |   |                                      |
|---|--------------------------------------|
| A. Originality of mind                  | F. Faculty of judgement              |
| B. Adequacy of scientific background    | G. Perseverance                      |
| C. Technical proficiency                | H. Ability to get on with colleagues |
| D. Familiarity with research literature | I. Knowledge of English              |
| E. Ability to organize scientific data  |                                      |

Continue on another page if required : PLEASE TYPE YOUR ANSWER.

I was acquainted with this applicant from \_\_\_\_\_ to \_\_\_\_\_

in the capacity of \_\_\_\_\_  
(Teacher, supervisor, etc.)

Date \_\_\_\_\_  
(Signature)



WORLD HEALTH ORGANIZATION

**INTERNATIONAL AGENCY FOR RESEARCH ON CANCER**

150, Cours Albert-Thomas, 69372 Lyon Cedex 08, France

**IARC-IRELAND POSTDOCTORAL RESEARCH TRAINING FELLOWSHIP  
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(Teacher, supervisor, etc.)

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(Signature)

# International Agency for Research on Cancer



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(Teacher, supervisor, etc.)

Date \_\_\_\_\_  
(Signature)

# International Agency for Research on Cancer



World Health  
Organization



WORLD HEALTH ORGANIZATION

INTERNATIONAL AGENCY FOR RESEARCH ON CANCER

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