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**INTERDEM Academy Fellowships 2019**

*Application form*

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| **ADMIN ONLY (not to be completed by applicant)** | |
| **Reference number:** |  |
| **Date submitted:** |  |

Submit your application form and all other files into one single PDF to the INTERDEM Academy executive office: interdem-masterclass@maastrichtuniversity.nl

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| **1. Project details** | |
| **Lead applicant:** |  |
| **Institution:** |  |
| **Institution to be visited:** |  |
| **Project title:** |  |
| **Duration (3-6 months):** |  |
| **Start date (dd-mm-yy):** |  |
| **End date (dd-mm-yy):** |  |
| **Total requested (please in €):** |  |

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| **2. Applicant details** | |
| **Applicant name:** |  |
| **Academic degree:** |  |
| **Please specify date of PhD degree (if applicable):** |  |
| **Please specify any career breaks here (if applicable):** |  |
| **Institution:** |  |
| **Department:** |  |
| **Postal address:** |  |
| **Telephone:** |  |
| **Email:** |  |
|  | |
| **Supervisor name:** |  |
| **Academic degree:** |  |
| **Institution:** |  |
| **Department:** |  |
| **Postal address:** |  |
| **Telephone:** |  |
| **Email:** |  |
|  | |
| **Co-supervisor name:** |  |
| **Academic degree:** |  |
| **Institution:** |  |
| **Department:** |  |
| **Postal address:** |  |
| **Telephone:** |  |
| **Email:** |  |

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| **3. Visiting institution details** | |
| **Institution to be visited:** |  |
| **Supervisor during visitation:** |  |
| **Academic degree:** |  |
| **Department:** |  |
| **Postal address:** |  |
| **Telephone:** |  |
| **Email:** |  |

*If you are visiting more than one institution, please specify all visiting institution details, as well as all projects to be completed.*

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| **4. Project description** | |
| **Project title:** |  |
| **Duration (3-6 months):** |  |
| **Start date (dd-mm-yy):** |  |
| **End date (dd-mm-yy):** |  |
| **Aims of the project and collaboration(s):** | |
| **Relevance to dementia:** | |
| **Work which has led up to the project (include any preliminary or feasibility data):** | |
| **Detailed experimental design and methods to be used (include details of any populations included, Power calculations and statistical methods):** | |
| **Expected results (what are the possible implications of the results and what relevance might they have):** | |
| **Expected research outcomes (e.g., publications):** | |
| **Involvement of people affected by dementia and other relevant stakeholders:** | |
| **Seminars, courses or conferences that will be attended:** | |
| **Timelines (include detailed time schedule in Gantt chart):** | |
| **References:** | |

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| **5. Rationale and motivation** |
| **Reasons why have you chosen this specific institution:** |
| **Personal motivation and aims for the visit:** |
| **Qualities of the applicant:** |
| **Ambition of the applicant:** |
| **Skills and training to be gained:** |
| **Benefits for home institution:** |
| **Benefits for visiting institution:** |
| **Other benefits:** |

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| **6. Budget specifications** | |
| **Travel (flights):** |  |
| **Travel (public transport):** |  |
| **Accommodation:** |  |
| **Other expenses (please specifiy):** |  |
| **Total requested (max €3500):** |  |
| **Please justify / explain all costs requested:** | |
| **Please specify here any funding external to the INTERDEM Academy you have received, are expecting to receive or have submitted an application for:** | |

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| **7. Signatures** | |
| **Applicant name:** |  |
| **Date (dd-mm-yy):** |  |
| **Signature - applicant:** | |
| **Supervisor name:** |  |
| **Date (dd-mm-yy):** |  |
| **Signature - supervisor:** | |

*N.B. Please attach to your application and submit into one single PDF:*

* *Application letter*
* *Curriculum Vitae*
* *Research activity Gantt chart*
* *Two letters of recommendation; one should be written by the supervisor at the institute of the candidate, and one should be coming from the supervisor from the institute to be visited*