



INTERNATIONAL AGENCY FOR RESEARCH ON CANCER  
150, cours Albert Thomas, 69372 Lyon Cedex 08, France

Application for an EXPERTISE TRANSFER FELLOWSHIP

## List of fields to be completed

Field marked with \* are compulsory

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### **PAGE 2 - IDENTIFICATION OF APPLICANT**

**Section 1. Please enter your name as it appears on your passport**

**Family name/Surname\***

**First name\***

**Section 2. Mailing address**

**(Institution)**

**(Department)**

**Street\***

**City\***

**State/Province**

**ZIP/Postal code\***

**Country\***

**If you did not find your country, select "Other" in the list above and enter your country name here**

**Email\***

**Telephone\***

**Fax**

**Section 3. Name and address of the institution where you are working now (if different from 2.)**

**Institution**

**Department**

**Street**

**City**

**State/Province**

**ZIP/Postal code**

**Country**

**If you did not find your country, select "Other" in the list above and enter your country name here**

**Email**

**Telephone**

**Fax**

**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

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**PAGE 3 - IDENTIFICATION OF APPLICANT ctd**

**Section 4. Birth and marital status**

**Place of birth (Town, Country)\***

**Date of birth (DD/MM/YYYY)\***

**Age (number only)\***

**Nationality\***

**If you did not find your country, select "Other" in the list above and enter your country name here**

**Marital Status\***

- Single
- Married
- Divorced
- Widow
- Common-law
- Other: \_\_\_\_\_

**Section 5. Gender\***

- Female
- Male

**Section 6. Name, address, telephone number and e-mail of person to be notified in case of emergency\***

**Section 7. Dependants (child, spouse, other family member)\***

- Yes
- No

**If you replied yes to the question above, please fill in the table below**

	<b>Name</b>	<b>Relationship</b>	<b>Age</b>	<b>Will dependant accompany you (enter Y or N)?</b>
1.				
2.				
3.				
4.				
5.				
6.				

**Appendix F. Medical report. (File to upload)**

Candidates may await notification of the award before completing the medical examination and attaching here. (Max file size 2Mb)

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## PAGE 4 - EDUCATION AND EXPERIENCE

### Section 8. Qualifications

**Note: you will be asked to attach a complete CV where you may provide more details of your education and professional experience (cf. bottom of this page).**

**In which field was your university degree? \***

- Medicine
- Natural Sciences / Biology
- Epidemiology / Public Health
- Social Sciences
- Mathematics / Statistics / Computer Sciences
- Other: \_\_\_\_\_

**Provide information on your education background. Start with most recent.**

	<b>Name, City and Country of institutions of study</b>	<b>Years of Study: From (MM/YYYY)</b>	<b>Years of Study: To (MM/YYYY)</b>	<b>Field of study</b>	<b>Degrees</b>
1.					
2.					
3.					
4.					
5.					
6.					

### Section 9. Employment history

**Present or most recent post: From - Date (DD/MM/YYYY)\*      To - Date (DD/MM/YYYY)**

**Years of service (number only)\***

**Title of your post\***

**Institution\***

**Department\***

**Type of institute\***

- Cancer research institute
- University department
- School of Public Health
- Ministry of Health
- Other Ministry
- IARC
- Other. Please specify

**Name of supervisor\***

**Description of the main aspects of your work\***

**Past post:** From - Date (DD/MM/YYYY)      To - Date (DD/MM/YYYY)

**Years of service (number only)**

**Title of your post**

**Institution**

**Type of institute**

- Cancer research institute
- University department
- School of Public Health
- Ministry of Health
- Other Ministry
- IARC
- Other. Please specify

**Name of supervisor**

**Description of the main aspects of your work**

**Attach your CV here (File to be uploaded - max 2Mb)**

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## **PAGE 5 - RESEARCH EXPERIENCE**

**Section 10. Previous and present research experience \***

**Section 11. Scientific Publications**

**Total number of publications in English \***

**Total number of publications in other languages \***

**Number of publications as first author (any language) \***

**Number of publications directly related to the proposed project in the present application (any language)\***

**Please attach a complete list and attach a copy of the 3 most relevant papers (File to be uploaded)\***

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## PAGE 6 - PROPOSED STUDIES OR RESEARCH

**Section 12. Proposed programme for the Fellowship, specifying the link to IARC's on-going activities, and plans for future collaboration with the host lab/department, explaining why it will be of benefit to the host institute**

**Proposed date of commencement (DD/MM/YYYY) \***

**Main research area [1 choice only]\***

- Epidemiology
- Genetic epidemiology
- Molecular epidemiology
- Biostatistics
- Molecular cell biology
- Chemical carcinogenesis
- Mechanisms of carcinogenesis
- Molecular genetics
- Bioinformatics
- Epigenetics
- Molecular pathology
- Infection and cancer
- Others. Please specify

**Proposed programme title\***

**Programme abstract (200 words max)\***

**Please attach the description of the programme. (File to be uploaded) \***

### Section 13. Referees

**Please provide names and addresses of 3 persons familiar with your professional work (including your present supervisor). You should send them each an evaluation form.**

**You should send them each an evaluation form.\***

	<b>Name, Organization, Post</b>	<b>Email address</b>	<b>Full postal address</b>
1			
2			
3			

**Section 14. Suggested host institute/group and scientific staff member in collaboration with whom the study will be carried out \***

**Please attach a letter of support from this person giving details of the anticipated benefit to the receiving institute. (File to be uploaded)\***

**Please attach a letter of endorsement from a research Group at IARC. (File to be uploaded)\***

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## **PAGE 7 - ADDITIONAL INFORMATION**

### **Section 15. Languages \***

**Please add as many languages as needed, starting with your mother-tongue.**

**→ Click on the "Add" button**

#### **Language\***

##### **Read\***

- Basic
- Intermediate
- Advanced

##### **Write\***

- Basic
- Intermediate
- Advanced

##### **Speak\***

- Basic
- Intermediate
- Advanced



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## **PAGE 8 - CERTIFICATION**

**Section 16. Please attach a letter from your institute Director, accepting the conditions of the fellowship (File to be uploaded)**

**Section 17. Acceptance of conditions of the Award by applicant**

**I am aware that if I am selected for this Award it will be conditional upon my acceptance of the terms described in the letter with the conditions of award. Subsequent to my acceptance, a formal letter of award will be sent, and the travel and stipend arrangements made by the Agency.\***

Yes

No

**I certify that the statements made by me in this form are true, complete and correct. I also certify that any documents provided in support of my application are authentic and accurate. I understand that any false or misleading statement, or withholding relevant information, may provide grounds for the withdrawal of the application or the termination of any future potential fellowship. \***

Yes

No

**Application Date (DD/MM/YYYY)\***

**Place\***

**Signature (first name and last name)\***

**Please upload a recent photograph (passport size - max 1Mb)\***