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**Mobility Funding for Research Fellows/Scholars**

**APPLICATION FORM**

**Q1. Applicant Details:**

|  |  |  |
| --- | --- | --- |
| Name: |  | |
| Title/position: |  | |
| Department or equivalent: |  | |
| Name of Institution: |  | |
| Address: |  | |
|  | |
|  | |
| Tel number: |  | |
| Mobile number: |  | |
| Email address: |  | |
| Fellowship/Scholarship: |  | |
| ICS project title: |  | |
| ICS grant code: |  | |
| Type of mobility you are applying for (national or international): | |  |
| Have you previously applied for mobility funding from ICS? | |  |

**Q2. Details of Host Principal Investigator at Receiving Institution**

|  |  |
| --- | --- |
| Name: |  |
| Title/position: |  |
| Department or equivalent: |  |
| Name of Institution: |  |
| Address: |  |
|  |
|  |
| Tel number: |  |
| Email address: |  |

**Q3. Description of proposed research at Receiving Institution:**

Please provide a synopsis of the proposed research at the receiving Institution. The description should include the following:

* Aims and Objectives of Mobility Element
* Proposed project/techniques to be completed/learned
* Proposed collaboration/teaching/networking/other activities

(maximum 1 page).

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**Q4. Provide justification of the choice of receiving Institution:**

Please give a short justification as to why this laboratory/Institution was chosen and the reasons for selecting it (maximum 500 words).

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**Q5. Give details of how this mobility will benefit your current research project, and you are a researcher:**

Please include details on how this mobility will enhance your current research project, how it will help you develop as an independent researcher and what knowledge you intend to disseminate to your Host Institute upon your return (maximum 500 words).

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**Q6. Duration and Budget**

Please indicate the expected length of the proposed mobility and the total budget requested.

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| **Start Date:** |
| **End Date:** |
| **Duration:** |
| **Budget Total:** |

**Table 1: Breakdown of costs related to the mobility**

Please provide a summary of the costs requested and justification of each amount requested. **Please note that the amount requested cannot exceed what was initially outlined in your Scholarship/Fellowship application.**

|  |  |  |
| --- | --- | --- |
| **Cost Item** | **Amount** | **Justification** |
| **1) Mobility Travel costs** |  |  |
| a) Travel |  |  |
| b) Accommodation |  |  |
| **2) Mobility Running costs** |  |  |
| Please list |  |  |
|  |  |  |
|  |  |  |
| **Total Cost Requested** |  |

**Q6. Letters of Support**

Letters of support from your Supervisor/Mentor and from the PI at the receiving Institution are required:

Letters of support must be written on headed paper and should accompany this application form as additional documents.

**Please check that these letters have been attached:**

Letter of support from Supervisor / Mentor enclosed

Letter of support from PI at Receiving Institution enclosed

**Mobility Funding for Research Fellows/Scholars**

**SIGNATURE PAGE**

|  |
| --- |
| **Applicant (Fellow or Scholar)**  As the Applicant, I agree to submit this proposal to the Irish Cancer Society assessment process. I confirm, to the best of my knowledge, that the information provided is correct.  Name (BLOCK CAPITALS): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| --- |
| Financial Controller or equivalent person authorised to endorse research grant applications for the Research Institution I have read this application and I confirm that all budget issues have been discussed with the applicant and I confirm that the research institution is willing to accept and administer the award, if successful.  Name (BLOCK CAPITALS): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |