



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

Application for a POSTDOCTORAL RESEARCH TRAINING FELLOWSHIP

List of fields to be completed

Field marked with * are compulsory

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

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

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

Does your spouse/partner work at IARC and/or live in Lyon?*

- Yes
- No
- Not applicable

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)

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. Exclude secondary school.

	Name, City and Country of institutions of study	Years of Study: From (MM/YYYY)	Years of Study: To (MM/YYYY)	Field of study	Degrees
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*

What is your present annual salary (in EUR currency)?*

Do you have any other professional income?*

- No
- Yes. Please provide the amount: _____*

What proportion of your salary will be continued if you receive a fellowship?*

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)*

PAGE 5 - RESEARCH EXPERIENCE

Section 10. Previous 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) *

Please attach list of scientific publications (optional - applications are quite acceptable from workers without publications) - If you wish, also attach reprints of the 2 more recent ones (File to be uploaded)

Section 12. Present research interests and activities

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

PAGE 6 - PROPOSED STUDIES OR RESEARCH

Section 13. Proposed programme during the Fellowship

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

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, using the following template.

[[Programme template](#)] (file size - max 2Mb)*

Please explain how your research proposal is relevant to cancer prevention and control into low- and medium-resource

For country classification see: <http://data.worldbank.org/about/country-and-lending-groups>

Potential benefit to low- and medium-resource countries is an important consideration in the Committee's evaluation of your application. *

Please explain how your proposal will be feasible within the IARC host Group that you have identified. *

Section 14. Referees

Please provide names and addresses of 3 persons familiar with your professional work (including your present supervisor, but excluding the supervising scientist mentioned in Section 15).

You should send them each an evaluation form. Please note that only applications for which all references will have been received will be evaluated*

	Name, Organization, Post	Email address	Full postal address
1			
2			
3			

Section 15. Suggested Training Group/Section at IARC*

- Biomarkers (BMA)
- Cancer Surveillance (CSU)
- Epigenetics (EGE)
- Environment and Radiation (ENV)
- Genetic Cancer Susceptibility (GCS)
- Genetic Epidemiology (GEP)
- Infections and Cancer Biology (ICB)
- Infections and Cancer Epidemiology (ICE)
- IARC Handbooks (IHB)
- IARC Monographs (IMO)
- Laboratory Services and Biobank (LSB)
- Molecular Mechanisms and Biomarkers (MMB)
- Nutritional Epidemiology (NEP)
- Nutritional Methodology and Biostatistics (NMB)
- Prevention and Implementation (PRI)
- Screening (SCR)
- The Gambia Hepatitis Intervention Study (GHIS)
- WHO/IARC Classification of Tumours (WCT)

Supervising scientist at IARC*

I contacted the IARC Group/Section Head on: Date (DD/MM/YYYY)

PAGE 7 - ADDITIONAL INFORMATION

Section 16. 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

Section 17. Previous Fellowships, Scholarships or Grants

Date, source, place and subject

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

Section 18. b What are your intentions and perspectives for continuing to work in the field of cancer research after the fellowship? *

Note: if you do not have a post to return to, the Selection Committee will place great importance on this Section.

Do you have a post to return to in your home country?*

- Yes
- No

Title of post on return from fellowship*

If yes, please attach a letter from your institute Director (File to be uploaded)

PAGE 8 - CERTIFICATION

Section 19. Is Government clearance needed for your acceptance of this fellowship?*

Yes

No

If so and if you already requested and obtained it, please attach a copy. (File to be uploaded)

Section 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 fellowship as 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)*