



INTERNATIONAL AGENCY FOR RESEARCH ON CANCER

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

Application for a SENIOR VISITING SCIENTIST AWARD

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*

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

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 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.				

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.

	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*

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 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)*

PAGE 6 - PROPOSED STUDIES OR RESEARCH

Section 12. Proposed programme for the Award and plans for future collaboration with IARC, explaining why such a study will be a plus to the Agency's programme

Proposed start date (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.*

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

Section 14. Suggested Group at IARC and scientific staff member in collaboration with whom the study will be carried out *

- 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)

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

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
-

PAGE 8 - CERTIFICATION

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

Section 17. In keeping with IARC policy requiring senior visiting scientists to disclose any circumstances that could rise to a potential conflict of interest, please complete the "Declaration of Interest for IARC/WHO Experts" form and attach it to your application. (File to be uploaded)*

Section 18. 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, the travel and stipend arrangements will be 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)*