**ISN International Travel Support (ITS) Application Form**

Please complete the following form, sign it and submit it together with two letters of support (see below) as a single PDF named **[lastname]\_ITS\_[year].pdf** to the Chair of the ISN Career Development Committee Constanze.Seidenbecher@lin-magdeburg.de.

Deadline: **February 28, 2020**.

If you have any questions regarding your application please contact the CDC Chair or the ISN secretariat via secretariat@neurochemistry.org.

1. **General applicant information:**

|  |  |  |
| --- | --- | --- |
| **ISN member** | Student member | Postdoc member |
| **Academic title** |  |
| **Last name**  |  |
| **Middle name** |  |
| **First name** |  |
| **Email address** |  |
| **Institutional address:**  |
| * Department
 |  |
| * Institution
 |  |
| * City
 |  |
| * Country
 |  |
| **Date of Birth** |  |
| **Gender** | female  | male | diverse | no specif. |
| **Nationality** |  |

1. **Career information:**

|  |
| --- |
| **Doctoral degree Obtained[[1]](#footnote-1):** |
| * Degree
 |  |
| * University
 |  |
| * Year
 |  |
| **Postgraduate qualifications:** |
| Date  | Subject | Institution |
|  |  |  |
|  |  |  |
| **Current position** |  |

1. **Publications:**

|  |  |
| --- | --- |
| **Total number of peer-reviewed publications:** |  |
| **Please list up to 5 publications including authors, title and journal names, volume, and pages in NIH citation format[[2]](#footnote-2):** |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |

1. **Previous awards:**

Please list up to 5 awards you received from other organizations, e.g. travel awards, fellowships, own project funding.

|  |  |  |
| --- | --- | --- |
| **Year(s)** | **Award/Awarding organization** | **Amount (USD)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Please state below any previous support that you have received from ISN, e.g. travel support, school attendance, or CAEN support

|  |  |  |
| --- | --- | --- |
| **Year(s)** | **ISN Award** | **Amount (USD)** |
|  |  |  |
|  |  |  |

1. **Contact details of the host:**

|  |  |
| --- | --- |
| **Academic title** |  |
| **Last name**  |  |
| **Middle name** |  |
| **First name** |  |
| **Email address** |  |
| **Institutional address:**  |
| * Department
 |  |
| * Institution
 |  |
| * City
 |  |
| * Country
 |  |

1. **Project duration in the host laboratory:**

|  |  |
| --- | --- |
| **From (DD/MM/YY)** | **To (DD/MM/YY)** |
|  |  |

1. **Expected total costs:**

(All figures in USD)

Please note: the ISN provides up to USD 4,000 for an ITS grant. The money can be spent solely on travel costs, accommodation, and insurance. Any other costs like project running costs, visa application costs and so on must be covered by other sources to be detailed below.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Costs** | **1. month** | **2. month\*** | **3. month\*** | **total** |
| **1.** | **Travel costs** |  |  |  |  |
| 1.1 | Airfare |  |  |  |  |
| 1.2 | Ground transportation |  |  |  |  |
| **2.**  | **Accommodation costs** |  |  |  |  |
| **3.** | **Insurance**  |  |  |  |  |
| **4.** | **Visa costs** |  |  |  |  |
| **5.** | **Project costs** |  |  |  |  |
| 5.1 | consumables |  |  |  |  |
| 5.2 | Animal costs |  |  |  |  |
| 5.3 | Measuring costs |  |  |  |  |
| 5.4 | Other project costs |  |  |  |  |
|  |  |  |  |  |  |
| **Total costs of the lab visit:** |  |
| **Total ITS application sum:** |  |

\*if applicable

1. **Other external and local funds made available/requested for the visit**

Note: It is expected that the receiving laboratory will contribute to the expenses.

|  |  |  |  |
| --- | --- | --- | --- |
| **Source** | **Amount** (USD) | **Purpose** (e.g. project running costs, visa costs, etc.) | **Status** (requested/available) |
| **Home institution** |  |  |  |
| **Host lab** |  |  |  |
| **Other sources\*:** |  |  |  |

\*if applicable

1. **Short description of the proposed project**

 (max 3 pages, excluding references):

1) Background

2) Hypothesis

3) Specific aims

4) Plan of work

5) Expected outcomes and significance

6) References

1. **Short justification why the host lab is suited for the proposed project**

**Declaration of consent**

**In case of success I herewith declare to follow the rules of the ISN CDC:**

* **Upon approval of my application**, I will confirm the dates of travel with the host lab and inform ISN Secretariat of these dates. I take note that only upon receiving the required confirmation, ISN will release the funds.
* I willundertake travel within 12 months of the date of receipt of the letter of approval. I am aware that otherwise the offer will be withdrawn.
* I take note of the fact that the full amount will be paid directly to my individual bank account.
* I recognise that any changes to the host laboratory or significant changes to the project require prior approval of the CDC Chair before the use of the funds can be expended.
* I am aware that the granted support must be returned to the ISN, if I am unable to travel or if conditions of the application or the visit have been changed without approval by the CDC Chair.
* I will inform the members of the host laboratory about ISN and the benefits of an ISN membership (slides will be provided by the ISN secretariat).
* Upon completion of the visit, I agree to submit a full report to the CDC Chair *within two months* after the visit including
1. a scientific report about the outcome of the visit and future perspectives (2-3 pages max.)
2. a brief financial report proving how funds have been used
3. a photograph showing me in the host laboratory
4. a statement confirming the use of the provided ISN slides to inform the audience on ISN and on the benefits of an ISN membership in an information session (day, time, location)
5. a letter from the principal investigator of the host laboratory.
* I will post a short informative statement on the success of the ITS-supported visit via social media.
* In any publications resulting from the funded activity I will acknowledge ISN funding.

I agree that my report will be published (after approval) on the ISN homepage to inform ISN members of this ISN supported CDC activity.

I am aware that failure on my side in delivering an acceptable report in time may have severe consequences on my future access to the benefits available for active ISN members.

|  |  |
| --- | --- |
| **Name of applicant:** |  |
|  |  |
| **Signature of applicant:**  |  |
|  |  |
| **Place, Date:**  |  |

Please add a letter of support from your home institution and a letter from the Principal Investigator of the host laboratory including commitment to cover project running costs. Create a single PDF document named [lastname]\_ITS\_[year].pdf and send it to the Chair of the ISN Career Development Committee Constanze.Seidenbecher@lin-magdeburg.de no later than February 28, 2020.

1. If you are a student please enter the estimated year your doctoral degree will most likely be awarded. [↑](#footnote-ref-1)
2. If not yet published, the papers must be at least in press or accepted by a journal. Do not count or list manuscripts just submitted or under revision. More junior investigators may also include conference abstracts. [↑](#footnote-ref-2)