## Your Personal Details

**Full name**:

**EACR membership number**:

**Email address**:

## Your Professional Details

**Present position**:

**Home institution**:

**Current supervisor / group leader**:

**Degrees**:

List all completed and pending degrees.

**Cancer research experience**:

List the positions held, including the place and dates.

**Publications**:

Give a full reference for each.

## Proposed Visit Details

**Host institution**:

**Host supervisor**:

**Host supervisor email**:

**Proposed start date** (day/month/year):

**Proposed end date** (day/month/year):

**Name of project**:

**Funding proposal**:

Write a research statement of no more than 1000 words. See the Travel Fellowship Handbook for details of what is required.

## Finance Details

See the Travel Fellowship Handbook for more information on how to complete this section.

**Financial breakdown**:

|  |  |  |
| --- | --- | --- |
| **Item** | **Details** | **Cost (EUR)** |
| Flights |  |  |
| Accommodation |  |  |
| Other travel |  |  |
|  |  |  |
|  |  |  |
|  | **Total projected costs: €** |  |

**Requested funding**: €

**Other funding sources**:

## Disclaimer

By submitting an EACR Travel Fellowship application you confirm that the details included are true and accurate to the best of your knowledge. You also agree to be bound by the Terms & Conditions as specified in the Travel Fellowship Handbook.

## Submission

Send your completed form as a PDF to [Laura Strachan](mailto:Laura.Strachan@eacr.org), along with the supporting letters. Make sure you have read the Application Checklist in the Travel Fellowship Handbook before submitting your documents.