

HOME

ACCOUNT SETTINGS

LOGOUT



## BEFORE YOU PROCEED

This is a multi-part form that can be completed without following a specific sequence. Please use the tabs in the navigation bar on the left to move back and forth between the different sections.

You may save the content of the form at any time by clicking on the "Save Progress" button in the left navigation bar. The form will also auto-save any changes you have made to its contents at regular intervals.

Email requests to the receiving institute (proposed supervisor) and referees will be sent by the system as soon as valid recipient names and email addresses have been entered, and as soon as the recipients have been activated with the respective check boxes. **Enter this information as soon as possible** – even if you have not completed the rest of your application – to avoid unnecessary delays.

PLEASE NOTE: It is your responsibility to ensure that all supporting documents (reference and receiving institute acceptance forms) are received in time. You will **not** be able to submit the application form as complete without those supporting documents.

Take special care not to exceed the **character or word count limits** imposed on certain fields. Your application **cannot** be submitted as "complete" with those limits exceeded.

Once you have filled in all required (\*) fields and submitted the form with the "Form complete" box ticked, you will no longer be able to modify your application. However, a printable summary of the entire application will be displayed for your reference upon final submission, and will stay available on your home page afterwards.

Your final application number (the "ACFF number") will be sent to you in a separate acknowledgment email, usually within 2 weeks after submission.

IMPORTANT: Please be sure to have read and understood the <u>information on our website</u> and in the Core Facility Fellowships Guidelines (<u>PDF</u>), in particular the eligibility criteria for the award of EMBO Core Facility Fellowships.

Technical support — If you encounter problems and need technical assistance regarding the online form, please send an email to fellowships@embo.org. Be sure to state: (1) the operating system and web browser version you are using; (2) whether the problem can be reproduced on another computer/operating system/web browser; and (3) as detailed a description as possible of the problem, including any error messages you see; attach a screenshot illustrating the problem if possible.

## Applicant

Title*	O Prof. O Dr O Ms O Mr O Mx	
First name*	Blanka	
Last name*	Collis	
Gender*	O Female O Male O Prefer not to say	O Self-specify
self-specify:		
Citizenship*	Choose	•
Date of birth*		
ORCID		

## Home institute correspondence address

Institute	
line 2	
line 3	
line 4	
IIIIC T	
Town*	
Post code*	
in*	Choose
Email address*	blanka.collis@uochb.cas.cz
Telephone number	



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(				
	Applicant		nd addresses of two persons from whom confidential scientific should be your current supervisor and the second one must be	
	Referees	home institution. In	case the applicant is the supervisor of the core facility, only or home institution is required.	
	Receiving Institute	Add this information	on as soon as possible - even if you have not completed the	e rest of your application. The
1	Proposed Work		automatic request email to your referees soon after you mark onfirm with your referees that they receive this email, otherw	
	Present Work	renowships@embo.or	.9-	
//	Scientific CV	Name and A	Address of Referee 1	
	Other Funding	Title*	O Prof. O Dr O Ms O Mr O Mx	
1	Finish Submission	First name*		
ĺ,	Tillion Subillission	Last name*		
	Save Progress - Status	Email address*		
	Cour Durance	Institute*		
	Save Progress	line 2		
		line 3		
		line 4		
		Town*		
		Post code*		
		in*	Choose	
		Telephone number		
		Fax number		
		Current supervisor	O Yes O No	
		Activate referee 1		
		IMPORTANT: If the address above, the s you will no longer saved with the "Ac assistance modifying Please note that it is	option "Activate this referee" (below) is checked, and if you he ystem will send an email request for a letter of reference to the able to change name or email address of the referee tivate this referee" option selected. Contact emboapplication is information.  the applicants responsibility to make sure that the email requestion is submitted in time.	his person. Please note that after the form has been tions@embo.org if you need
		☐ Activate this cor	ntact	
		Name and A	Address of Referee 2	
		Title*	○ Prof. ○ Dr ○ Ms ○ Mr ○ Mx	
		First name*		
		Last name*		
		Email address*		
		Institute*		
		line 2		
		line 3		
		line 4		
		Town*		
		Dook and a		

IMPORTANT: If the option "Activate this referee" (below) is checked, and if you have entered a name and email address above, the system will send an email request for a letter of reference to this person. Please note that you will no longer be able to change name or email address of the referee after the form has been saved with the "Activate this referee" option selected. Contact emboapplications@embo.org if you need assistance modifying this information.

Please note that it is the applicants responsibility to make sure that the email requested from EMBO has been received and the recommendation is submitted in time.

Activate this contact

Choose

Current supervisor O Yes O No

in\*

Telephone number Fax number

Activate referee 2



Applicant	The receiving Institute acceptance form should only be submitted online; no hard copies are required.
Referees	Check with your receiving institute that they received an email after you activate your supervisor contact details
Receiving Institute	otherwise contact <u>fellowships@embo.org</u> .
Proposed Work	Receiving Institute
Present Work	Institute*
Scientific CV	line 2
Other Fundina	line 3
Finish Submission	line 4
	Post code*
Save Progress - Status	in* Choose v
Save Progress	
	Supervisor or Host
	Title* O Prof. O Dr O Ms O Mr O Mx
	First name*
	Last name*
	Email address*
	Fax number
	Telephone number
	Activate this
	contact
	IMPORTANT: If the option "Activate this contact" (below) is checked, and if you have entered a name and email address above, the system will send an email request for a Receiving Institute Acceptance Form to this person. Please note that you will no longer be able to change name or email address of the contact after the form has been saved with the "Activate this contact" option selected. Contact emboapplications@embo.org if you need assistance modifying this information.
	☐ Activate this contact
	Institute director
	Title* O Prof. O Dr O Ms O Mr O Mx
	First name*
	Last name*



Applicant	Proposed Work
Referees	Title*
Receiving Institute	
Proposed Work	
Present Work	Proposed work at the receiving institute*
Scientific CV	Please provide a synopsis of the proposed activity at the receiving institute. This must be written by the applicant and may not exceed 1,000 words. Do NOT include a list of referenced literature in this place but use the next field below instead.
Other Funding	
Finish Submission	
Save Progress - Status	0 / 1000 Words
Save Progress	Literature references for proposed work*
	FORMATTING GUIDELINES FOR REFERENCES:
	(i) Include the complete list of authors followed by full titles, journal, year, volume and pages;
	(ii) Use "" or "et al." ONLY if there are more than 20 authors; in that case, be sure to include all relevant first and corresponding/senior authors.
	Formatting example: Thiru A, Nietlispach D, Mott HR, Okuwaki M, Lyon D, Nielsen PR, Laue ED. Structural basis of HP1/PXVXL motif peptide interactions and HP1 localisation to heterochromatin. EMBO J. (2004) 23: 489-499
	Use this space for a complete list of references for the above proposal, including full bilbliographic details.
	Keywords*
	List 5 short keyword terms to describe the proposed research. Separate those terms with " / ". (max 20 words)
	// 0 / 20 Words
	Subject area 1* Choose a subject area
	Subject area 2* Choose a subject area v
	Proposed starting date of the fellowship/grant*
	Applications completed only after the start of the visit or after the proposed start date indicated here will not be considered.
	(Please note: an application is only complete once both references and the receiving institute acceptance have been submitted online and received by EMBO).
	dd/mm/yyyy
	Proposed duration of the fellowship/grant*
	Number of days (1-30 days for EMBO Core Facility Fellowships)
	Justification
	Please give a short justification of the choice of this host core facility*
	0 / 200 Words
	Travel
	City of departure* in* Choose
	Career plan
	Do you intend to return to your home facility after the fellowship?*
	O Yes O No if yes, for how many months?*

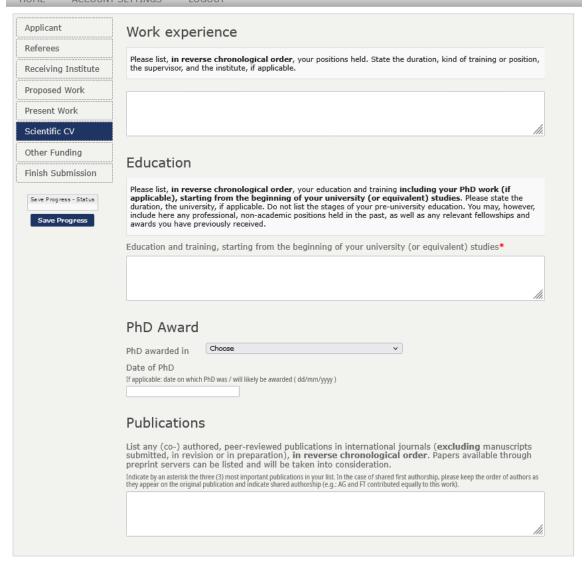


pplicant	Name and address of home institute
eferees	Institute*
ceiving Institute	line 2
pposed Work	line 3
esent Work	line 4
sent work	Town*
entific CV	Post code*
er Funding	in* Choose v
sh Submission	
i	Current position
Save Progress	Required field*.  PhD Student Post-doctoral Researcher Research Assistant / Technician Principal Investigator Staff Researcher Other When did you start in the present position? (dd/mm/yyyy)* dd/mm/yyyy  Until when do you expect to stay in your present position? (dd/mm/yyyy)* dd/mm/yyyy)* dd/mm/yyyy  Current work  Work at the "Home core facility"* Please add a synopsis of your current work (max. 500 words).
	0 / 500 Words
	References for synopsis of current work*
	FORMATTING GUIDELINES FOR REFERENCES:
	(i) Include the complete list of authors followed by full titles, journal, year, volume and pages;
	(ii) Use "" or "et al." ONLY if there are more than 20 authors; in that case, be sure to include all relevant first and corresponding/senior authors.
	Formatting example: Thiru A, Nietlispach D, Mott HR, Okuwaki M, Lyon D, Nielsen PR, Laue ED. Structural basis of HP1/PXVXL motif peptide interactions and HP1 localisation to heterochromatin. EMBO J. (2004) 23: 489-499
	Benefit to home core facility*
	Please describe how your home core facility and your current activities will benefit from this visit (max. 200 words).
	0 / 200 Words



HOME ACCOUNT SETTINGS

LOGOUT





Applicant	Other funding sources
Referees	
Receiving Institute	Please list other grants, awards, contributions or fellowships (towards either travel or subsistence expenses of the proposed visit) you are receiving or applying for. This has no influence on evaluation and is simply for statistical purposes.
Proposed Work	
Present Work	
Scientific CV	
Other Funding	Previous applications for EMBO Fellowships
Finish Submission	1: Fellowship type: Select type v number: year: Select year v
	2: Fellowship type: Select type v number: - year: Select year v
Save Progress - Status	Funding history
Save Progress	Funding history
	List previously held fellowships from EMBO or other organizations with dates (month/year)
	Career breaks
	Duration of career breaks due to child care or military/civil service
	(total number of months; enter "0" if not applicable)
	Please specify the reasons and dates of your career breaks



Applicant	Once you have completed the application form, and both reference forms and the acceptance letter from the receiving institute have been received, check the "Form complete" box below.  The form will then be validated, and any remaining problems (character count, required fields) will be highlighted.
Referees	
Receiving Institute	
Proposed Work	The "Submit form" button will only become active if (i) the "Form complete" box is checked, (ii) all letters of support have been received and (iii) the form content has been validated.
Present Work	No changes can be made to an application after it has been submitted as complete. However, a printable summary of the entire application will be displayed for your reference upon final submission, and will stay available on your home page afterwards.
Scientific CV	
Other Funding	Application Status
Finish Submission	/ ipplication occide
	Receiving Institute letter complete
Save Progress - Status	Reference 1 complete
Save Progress	Reference 2 complete
	☐ Form complete
	Submit form