

Applicant

Home Institute

Receiving Institute

Proposed Work

Current Work

Scientific CV

Other Funding

Optional: Scientific
Consolidation
Subsidy

Finish Submission

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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 manually at any time by clicking on the "Save Progress" button in the left navigation bar. The form will also auto-save its contents at regular intervals.

Email requests for reference letters 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. It is your responsibility to ensure that all supporting references are received in time. You will **not** be able to submit the application form as complete without those supporting documents.

Once you have filled in all required (*) fields and submitted the form with the "Form complete" box checked, 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 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 [information on our website](#) and in the Advanced Collaboration Grants guidelines ([PDF HERE](#)), in particular the eligibility criteria. **No deadlines apply, but you should ideally apply at least three months before the intended collaborative visit.**

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*

☐ Prof. ☒ Dr. ☐ Ms. ☐ Mr. ☐ Mx

First name*

Last name*

Gender*

☐ Female ☐ Male ☐ Prefer not to say ☐ Self-specify

... self-specify:

Citizenship*

Choose

Date of birth*

ORCID*

Correspondence address at home institute

The applicant's home laboratory must be located in one of the eligible, participating countries listed in the Application Guidelines.

Institute*

... line 2

... line 3

... line 4

Town*

Post code*

in*

Choose an eligible country

Email address*

Telephone number

Current position at home institute

To be eligible, the applicant must be an active research scientist running their own research laboratory in an independent position.

Title of present position*

☐ Principal Investigator ☐ Head of Facility/Service ☐ Other (see CV)

When did you start in the present position? (dd/mm/yyyy)*

Until when do you expect to stay in your present position? (dd/mm/yyyy)*

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Head of home institute

Please provide the name and contact details of a legal representative of the home institution (dean, director etc.) who will have to submit their **confidential letter of reference** online.

Title* ☐ Prof. ☐ Dr. ☐ Ms. ☐ Mr. ☐ MxFirst name* Last name* Email address*

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 letter of reference to this person. **Please note that you will no longer be able to change name or email address of the person after the form has been saved with the "Activate this contact" option selected.** Contact fellowships@embo.org if you need assistance modifying this information.

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

☐ Activate this contact

Name and address of home institute

The applicant's home laboratory must be located in one of the participating countries listed in the Application Guidelines.

Institute* ... line 2 ... line 3 ... line 4 Town* Post code* in*

Travel from home institute to receiving institute

City of departure* in*

Career plan

Do you intend to return to your home laboratory after the grant?*

☐ Yes ☐ No... if yes, for how many months?

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Dates and duration

There are no deadlines for applications and awards are made throughout the year. However, it is recommended that applications be submitted at least three months before the proposed start date of the research visit.

Proposed starting date of the fellowship/grant*

Proposed duration of the fellowship/grant*

Number of days (7-180 days)

Collaboration partner at receiving institute

Enter the contact details of your collaboration partner at the receiving institute. They will be contacted and requested to provide a letter of support as soon as you mark the checkbox below.

Title* ☐ Prof. ☐ Dr. ☐ Ms. ☐ Mr. ☐ Mx

First name*

Last name*

Telephone number

Email address*

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 the programme office if you need assistance modifying this information.

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

☐ Activate this contact

Name and address of receiving institute

Enter the full name of the department, the institute name, and the street address.

Institute*

... line 2

... line 3

... line 4

Town*

Post code*

in*

Justification

Please give a short justification of the choice of this laboratory*

0 / 200 Words

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Proposed work

Project title*

Summary and biological significance of the proposed research*

Please provide a 250-word overview of the proposed activity and the biological significance of the project.

0 / 250 Words

Proposed work at the receiving institute*

Please provide a synopsis of the proposed activity at the receiving institute including objectives and timelines. If multiple visits are planned, please indicate these and specify the number of days per trip. This must be written by the applicant and may not exceed 1,500 words. Do NOT include a list of referenced literature in this place but use the following field instead.

0 / 1500 Words

Literature references for proposed work*

FORMATTING GUIDELINES FOR REFERENCES:

- (i) Include the complete list of authors followed by year, full titles, journal, 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, Nietispach D, Mott HR, Okuwaki M, Lyon D, Nielsen PR, ... Laue ED. (2004) Structural basis of HP1/PXVXL motif peptide interactions and HP1 localisation to heterochromatin. EMBO J. 23: 489-499

Only list published papers, papers accepted for publication and papers available to the community through preprint servers.

Use this space for a complete list of references for the above proposal, including full bibliographic 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

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Current work

Work at the "Home Institute"*

Please add a description of relevant, project-related work you have been (or are) carrying out at your home institute (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 year, full titles, journal, 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.

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Only list published papers, papers accepted for publication and papers available to the community through preprint servers.

Benefit*

Please describe how your home lab will benefit from this visit (max. 200 words).

0 / 200 Words

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Academic research work

Please list, in reverse chronological order, your academic research positions since and including your PhD. State the duration, position, and research Institute.

Summary of C.V.*

Publications

List any (co-) authored, peer-reviewed publications in international journals (**excluding** manuscripts submitted, in revision or in preparation), **in reverse chronological order**. Papers available through preprint servers can be listed and will be taken into consideration.*

Indicate by an asterisk the three (3) most important publications in your list. In the case of shared first authorship, please keep the order of authors as they appear on the original publication and indicate shared authorship (e.g.: AG and FT contributed equally to this work).

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Other funding sources

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 the evaluation and is asked for statistical purposes only.

Previous applications for EMBO support

1: Fellowship type: number: - year:

2: Fellowship type: number: - year:

Funding history

List previously held fellowships/grants from EMBO or other organizations with dates (month/year)

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Scientific Consolidation Subsidy

If you wish a member of your lab to be included in the collaborative research project and visit, please provide their contact details below. Once you activate the contact via the checkbox below, they will be sent an email to submit their letter of motivation online.

Title ☐ Prof. ☐ Dr. ☐ Ms. ☐ Mr. ☐ Mx

First name

Last name

Email address

Institute

... line 2

... line 3

... line 4

Town

Post code

in

[Choose an eligible country](#)

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 letter of motivation to this person. **Please note that you will no longer be able to change name or email address of the lab member after the form has been saved with the "Activate this contact" option selected.** Contact fellowships@embo.org if you need assistance modifying this information.

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

☐ Activate this contact

Overview of Scientific Collaboration Subsidy project carried out by the lab member

Please include an explanation why an additional member of staff will be beneficial for the intended exchange. Provide an outline of the experiments to be performed at the host institute, including a brief breakdown of the timeline; no figures or tables may be included. (max. 500 words)

0 / 500 Words

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Application Status

- ☐ Host collaboration partner letter complete
- ☐ Institute director reference letter completed
- ☐ Subsidy recipient letter complete

Submit form

- ☐ Form complete

[Submit form](#)