



# EJP RD WP17 2nd Research Mobility Fellowship Call: Application Form

The call for Research Mobility Fellowships aims to financially support PhD students and medical doctors in training working in ERN-member institutions or an ERN affiliated partner to undertake short scientific visits fostering specialist research training outside their countries of residence and within one of the ERN host institutions or an ERN affiliated partner.

Applicants who will receive fellowships for Research Mobility should acquire at their host institution new competences and knowledge related to their research on rare diseases and with benefit to their ERN.

The research mobility fellowships are meant to cover stays of 4 weeks up to 3 months.

The exchange will be accomplished exclusively within member institutions of the same ERN or between member institutions of different ERNs.

The following costs of the exchange will be reimbursed for funded applications:

- \* Travel, up to 400 euro for the entire exchange
- \* Accommodation expenses, up to 100 euro a night and 2000 euro a month

Applications will be reviewed and selected by a Scientific Evaluation Committee.

## APPLICATIONS:

Applications for an EJP-RD WP17 research mobility fellowship are accepted via the MS Forms online application system.

Hard copies will not be processed.

## PLEASE, NOTE:

The online application form does not allow respondents to save and resume later. You have to fill in all mandatory fields, otherwise you will not be able to submit the application. All applications must be written in English.

## DOCUMENTS:

At the end of this form you will be asked to send three documents to [genturis@radboudumc.nl](mailto:genturis@radboudumc.nl) (<mailto:genturis@radboudumc.nl>). When you start this form, make sure to have the following documents ready:

- \* 1 page CV (PDF)
- \* support letter home institution (PDF)
- \* support letter host institution (PDF)

In case you experience any technical problems, please contact [genturis@radboudumc.nl](mailto:genturis@radboudumc.nl)

9/30/2020 (<mailto:genturis@radboudumc.nl>) or [fellowships@ercknet.org](mailto:fellowships@ercknet.org) (<mailto:fellowships@ercknet.org>).

\* Vereist

1. This survey form is specifically dedicated to collect information for the purpose of the European Joint Programme on RareDiseases, EJP RD, WP17 – ERN RD TRAINING AND SUPPORT PROGRAMME.

We collect Personal Data freely provided by the user, including (but not limited to): name, email address, and any other details specifically asked in this form.

EJPRD does not share personal identifiable information with unrelated Third Parties. However, we may disclose, transfer or share your Personal Data – anonymized or in its original format-with certain third parties without further notice to you, only for the purpose of the organization and follow up of this event.

Information collected on this form will be held in compliance with the General Data Protection Regulation (EU Regulation 2016/679) (GDPR) of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data.

Data will be processed and stored for a maximum of 15 years.

If you want to have more information on data processing, for example know how your personal data is being processed, or if you want to exercise your rights according to articles 15-22 of the GDPR, or if you notice a personal data breach according to Articles 33- 34, please contact the data controller who determines the purposes and means of the processing of personal data. Contact details: [coordination@ejprarediseases.org](mailto:coordination@ejprarediseases.org) (<mailto:coordination@ejprarediseases.org>).

I have read the above information and: \*

- I authorize the processing of personal data, in compliance with the European General Data Protection Regulation, Reg(EU) 2016/679 for the specific purpose they are collected (any communication of personal data to private or public subject will be allowed only for the specific purpose they are collected).

2. I have read the above information and: \*

- I authorize to be contacted for EJP RD dissemination and communication activities (e.g. newsletters, invitations to meetings)

3. I have read the above information and:

- I authorize to be contacted for involvement in future collaborative initiatives, which might fall within the scope of my research activity.

APPLICATION FORM ROUND 2  
NOT BINDING FOR OTHER CALLS

Personal information

4. Surname: \*

5. First name: \*

6. Email address: \*

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## Information about the applicant's current work

### 7. Position \*

- PhD-student
- Specialist in training

### 8. If you are a PhD student, include a short description of your PhD project briefly summarizing main study area, aims of the project, key results obtained so far \*

*Max. 1000 characters*

### 9. In what year of your PhD position or specialist training are you? \*

- year 2
- year 3
- year 4
- other

### 10. What is the start date of your PhD position or specialist training? \*



Notatie: d/M/yyyy

11. What is the expected end date of your PhD position or specialist training? \*



Notatie: d/M/yyyy

APPLICATION FORM ROUND 2  
NOT BINDING FOR OTHER CALLS

Details home institution

12. Name home institution \*

13. Department home institution \*

14. Full postal address home institution \*

15. Home country \*

APPLICATION FORM ROUND 2  
NOT BINDING FOR OTHER CALLS

## 16. Home ERN \*

- endo-ERN
- ERKNet
- ERN BOND
- ERN CRANIO
- ERN EpiCARE
- ERN EUROCAN
- ERN EuroBloodNet
- ERN eUROGEN
- ERN EURO-NMD
- ERN EYE
- ERN GENTURIS
- ERN GUARD-HEART
- ERNICA
- ERN ITHACA
- ERN LUNG
- ERN PaedCan
- ERN RARE-LIVER
- ERN ReCONNECT
- ERN RITA
- ERN-RND
- ERN Skin
- ERN TRANSPLANT-CHILD
- MetabERN
- VASCERN

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17. Full name supervisor in your home institution \*

18. Position supervisor \*

19. Email address home supervisor \*

APPLICATION FORM ROUND 2  
NOT BINDING FOR OTHER CALLS

Details host institution

20. Name host institution \*

21. Department host institution \*

22. Full postal address host institution \*

23. Host country \*

APPLICATION FORM ROUND 2  
NOT BINDING FOR OTHER CALLS

## 24. Host ERN \*

- endo-ERN
- ERKNet
- ERN BOND
- ERN CRANIO
- ERN EpiCARE
- ERN EUROCAN
- ERN EuroBloodNet
- ERN eUROGEN
- ERN EURO-NMD
- ERN EYE
- ERN GENTURIS
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- ERN-RND
- ERN Skin
- ERN TRANSPLANT-CHILD
- MetabERN
- VASCERN

APPLICATION FORM ROUND 2  
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25. Name supervisor in your host institution \*

26. Position of supervisor \*

27. Email address host supervisor \*

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28. Project title \*

29. Description of the project \*

*Max 2000 characters*

- *Outline of the project, clear learning goal*
- *Research question to be addressed during the exchange OR in the 2 years after (if after: how and when will it be addressed?)*
- *How will skills and knowledge be transferred back to your home institution?*

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30. How will this exchange and the transfer of knowledge/skills benefit your personal career and knowledge? \*

*max 1000 characters*

31. How will this exchange and the transfer of knowledge/skills benefit the home and host institutions? \*

*max 1000 characters*

32. How will this exchange and the transfer of knowledge/skills benefit the rare disease domain of your ERN? \*

*max 1000 characters*

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33. Description of methods to be learned during the training stay \*

*Clearly describe the methods you will be trained in and clearly describe the timelines during your stay, max 1000 characters*

34. Expected start date \*



Notatie: d/M/yyyy

35. Expected duration of the planned stay \*

36. Description of requested budget \*

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## Ethics considerations

### 37. Does your fellowship exchange involve: \*

*Please, select the applicable options*

- Use of human embryos and foetuses?
- Vulnerable patients?
- Humans
- Children/minors?
- Patients who are unable to give informed consent?
- Use of invasive techniques?
- Collection or use of human biological samples?
- Processing of personal data?
- Use of animals?
- Transfer of data or material to non-EU countries
- Other ethics issues

### 38. If you have answered yes to one or more of these questions, please, describe in more detail the ethical issues that have to be considered at the outset and how they will be dealt with (e.g. GDPR, informed consent procedures, ethical approval, policies etc.). \*

*Max. 2000 characters*

APPLICATION FORM ROUND 2  
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39. Is there anything else you would like to mention with regard to ethical aspects? \*

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## Documents

40. I have sent the following documents to [genturis@radboudumc.nl](mailto:genturis@radboudumc.nl) (<mailto:genturis@radboudumc.nl>): \*

*Please, note that you need to send all three documents*

- Letter of support home institution (word or PDF)
- Letter of support host institution (word or PDF)
- CV of applicant (one page, word or PDF)

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Deze inhoud is niet door Microsoft gemaakt noch goedgekeurd. De gegevens die u verzendt, zal worden gestuurd naar de eigenaar van het formulier.

 Microsoft Forms

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