

## ESOT – Novartis Study Grant: Call for Applications and Guidelines

### Description

Annual study grants totalling SFR 40,000.– are offered to individuals involved in the fields of clinical or experimental transplantation. Each study has to be performed in a country situated in Europe that is not the country in which the applicant is currently working. The applicant must have a specific purpose with a clear study goal. The period for which an applicant may apply for financial support can vary from one to several weeks or months. (Congress visits will be excluded from any study grant.)

Applications must be written in English and include supporting documentation, as described on the application form (to be found at the back of each issue of *Transplant International*). The application must be signed by the head of the department/program where the applicant is currently employed and be accompanied by a letter of support from the head of the department/program where the study will take place.

The ESOT Grant Committee, which consists of the president, secretary, and one council member, will review all grant applications, and the ESOT Council will make the final decision. (Council members should not be involved in the election of their potential fellows.) Selection will take place twice a

year, around February 1 and October 1.

### Selection criteria

1. The applicant, the head of the home institute, and/or the head of the host institute – at least one of the three – must be a member of ESOT.
2. The grant must be used for educational purposes only and not be regarded as additional salary. The work must be dedicated to transplantation.
3. The applicant must speak English or the language of the host country fluently.
4. Highest priority is given to European scientists staying in European centers, with lower priority given to European scientists going to the U.S., and lowest priority to foreigners coming to Europe.
5. Support will (preferably) be given to young scientists and post-graduate students below 40 years of age.
6. Preference will be given to first-time applicants.
7. The host institute must agree with the exchange program. The host institute will (preferably) accept one visiting scientist at a time.

### Procedure

1. The grant applicant must meet all of the formal requirements.
2. In order to be considered, an application must be complete, i.e., it must include: application form, curriculum vitae with list of relevant publications, description of study/

research project, letter of support from host institute.

3. All grant applications should be submitted to the ESOT Grant Committee, in care of the ESOT secretary:

Prof. Dr. med. C. Hammer  
Secretary, ESOT  
Institut für Chirurgische Forschung  
Klinikum Großhadern  
Marchioninistrasse 15  
D-81366 München  
Germany

Envelopes should be clearly marked: "ESOT – Novartis Study Grant".

4. Once a grant has been approved, a letter will be sent to the recipient, the home institute, and the host institute.

5. The applicant must ensure that travel funds are spent going to the host institute. In selected cases, the travel funds may be transferred to the home center. (In such cases, applicant should provide the ESOT Grant Committee with a bank account number.)

6. Grant funds must be transferred to the host institute.

7. Grants are for individuals and cannot be transferred.

8. Grant recipients will be mentioned in the presidential address.

9. A certificate will be awarded to the grant recipient by a Novartis representative at the Congress.

10. In the case of publication, the ESOT – Novartis Study Grant should be mentioned in the "Acknowledgements".

ESOT – Novartis Study Grant  
Application Form

(Please use typewriter)

Name of applicant: \_\_\_\_\_

Profession/field: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

Address of home institution: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Are you a member of ESOT? \_\_\_\_\_ yes \_\_\_\_\_ no

Application supported by (name of position of scientific supervisor at home institution):

\_\_\_\_\_

Address supervisor: \_\_\_\_\_

\_\_\_\_\_

Is supervisor a member of ESOT? \_\_\_\_\_ yes \_\_\_\_\_ no

Signature of supervisor: \_\_\_\_\_

Name of person/institution with whom/where applicant wants to study:

\_\_\_\_\_

*\* Please enclose a letter of support from the host institute stating that they are willing to accept you as a visiting scientist. This is extremely important!*

Proposed starting date at host institute: \_\_\_\_\_

Proposed duration of stay: \_\_\_\_\_

Estimated expenses:      Traveling costs: (SFr) \_\_\_\_\_

Living costs: (SFr) \_\_\_\_\_

Total (SFr) \_\_\_\_\_

### Description of Study/Research Project

On a separate sheet of paper, please provide the following information:

1. Briefly explain why you want to work with this particular group, what the expected outcome will be, and what possible effect this may have on your work at home.
2. Have you done any previous research or relevant work in this or similar areas?
3. If possible, cite your three most relevant articles on the subject.

Date: \_\_\_\_\_ Signature of applicant: \_\_\_\_\_

# European Society for Organ Transplantation

## Application for membership (Please use typewriter)

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Titles: \_\_\_\_\_

Private address: \_\_\_\_\_

City: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: \_\_\_\_\_

Work address: \_\_\_\_\_

Clinic: \_\_\_\_\_

Dept.: \_\_\_\_\_

City: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Position: Clinical: \_\_\_\_\_

Academic/Scientific position: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Art. IV. Sec. 5: Membership shall be gained by submission of a membership application supported by two regular members of the Society (including their signature on form and a short letter of recommendation enclosed). Approval will be by the Council and final confirmation by the next General Assembly.

Application for membership in E.S.O.T. is supported by:  
(Name in print, signature)

1) \_\_\_\_\_ City: \_\_\_\_\_ Sign.: \_\_\_\_\_

2) \_\_\_\_\_ City: \_\_\_\_\_ Sign.: \_\_\_\_\_

Membership fee: DM 170/year. This includes our official journal "Transplant International". Please charge to my credit card:

- ☐ Eurocard/Access/Mastercard
- ☐ American Express
- ☐ Visa/Barclaycard/BankAmericard
- ☐ Diners Club

Number: \_\_\_\_\_

Valid until: \_\_\_\_\_

Signature: \_\_\_\_\_

Send application to the Secretary:

Prof. Dr. Dr. C. Hammer

Secretary of ESOT

Inst. f. Surgical Research

Klinikum Grosshadern

Marchioninistrasse 15

D-81365 München, Germany

Tel.: + 49 89 70 95 44 02, Fax: + 49 89 70 95 88 97

E-mail: rieder@icf.med.uni-muenchen.de