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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, which can be obtained from the ESOT Secretary. 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:

Dr. R. Ploeg
Secretary of ESOT
Dept. of Surgery
Univ. Hosp. Groningen
Hanzeplein 1
9700 RB Groningen
The Netherlands
Tel.: +31-50-361-2896
Fax: +31-50-361-4873
e-mail: r.j.ploeg@chir.azg.nl

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 at the next ESOT Congress.
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".

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:
Dr. R. Ploeg
Secretary of ESOT
Dept. of Surgery
Univ. Hosp. Groningen
Hanzeplein 1
9700 RB Groningen
The Netherlands
Tel.: +31-50-361-2896
Fax: +31-50-361-4873
e-mail: r.j.ploeg@chir.azg.nl