#### Part 1. To be completed by the applicant

Please read through all instructions carefully. Once you have completed Part 1, please give a copy for Part 2, to the person who will be your internal referee, ie, your present Supervisor/Head of Department/Member of Department and a copy of Part 3 to your external referee, to be filled in by the respective referee.

Please note that by applying to the NEW HORIZON Fellowship you agree that your personal data will be forwarded to the fellowship committee and in case of a positive outcome, to the host center you selected for your fellowship.

|  |  |
| --- | --- |
| Name (in full, surname first): |  |
| Date of birth: |  |
| Name and address of current institution and contact information: |  |
| Phone: |  |
| E-mail: |  |
| Nationality: |  |

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| --- |
| Qualifications: |
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| --- |
| Current status/position: |
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| --- |
| Previous positions held: |
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| --- |
| Previous research experience: |
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| --- |
| Please list any current and past research fellowships you have received: |
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| --- |
| Please list your publications and presentations (including any currently in press): |
|  |

|  |  |
| --- | --- |
| Names of chosen centers and projects in order of preference: | 1.  2.  3. |

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| --- |
| Please state briefly why you chose these centres and what you expect to achieve from the Fellowship: |
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| --- |
| Please state briefly your career intentions: |
|  |

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| How did you hear about the Fellowship? |
|  |

#### Part 2. To be completed by applicant’s internal referee (ie. Supervisor/Head of Department/Member of Department)

Instructions to the applicant: Please give this part (with a completed copy of Part 1) to your internal referee, ie. your present Supervisor/Head of Department/Member of Department to complete it. You need submit if for your application. Please ensure that your Head of Department completes the box at the end of Part 2.

|  |  |
| --- | --- |
| Applicant’s name: |  |

Instructions to the internal referee: (ie. Supervisor/Head of Department/Member of Department)

The above named applicant has applied for a NEW HORIZON Fellwoship (supported with a grant by Eli Lilly). Please complete this form and return to the applicant for submission. By filling in this form you agree that your personal data can be forwarded to the Fellowship committee for evaluating the applicant..

|  |
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| Please give your comments on the applicant’s scientific ability and suitability for the Fellowship, the primary purpose of which is to provide support for a period of research training. Please also include any other points you consider would be helpful. |
|  |

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| --- | --- |
| Name of internal referee: |  |
| ddress: |  |
| Phone: |  |
| E-mail: |  |
| Date: |  |

Instructions to the Head of Department: Please sign this form to confirm that the above named applicant can return to its current position/institute at the end of the Fellowship.

|  |  |
| --- | --- |
| Name: |  |
| Signature: |  |

#### Part 3. To be completed by an external referee

Instructions to the applicant: Please forward this part (with a completed copy of Part 1) to a referee (who is not attached to your current or proposed host centre) to complete it, with the request that he/she return it to you for submission.

|  |  |
| --- | --- |
| Applicant’s name: |  |

Instructions to the external referee: The above named applicant has applied for the NEW HORIZON Fellowship (supported with a grant by Eli Lilly)*.* Please complete this form and return to the applicant for submission. By filling in this form you agree that your personal data can be forwarded to the Fellowship committee for evaluating the applicant, and be used for further contact and confirmation regarding given information on the applicant.

|  |
| --- |
| Your name and title: |
| Length of time you have known the applicant: |

|  |
| --- |
| Please give your comments on the applicant’s scientific ability and suitability for the Fellowship, the primary purpose of which is to provide support for a period of research training. Please also include any other points you consider would be helpful. |
|  |

|  |  |
| --- | --- |
| Address of your department: |  |
| Phone: |  |
| E-mail: |  |
| Date: |  |

Instructions to the applicant:

Please make sure that you have completed all parts of the application form.

Part 1

Part 2

Head of Department’s confirmation

Part 3

Once you have completed all parts of the application form, please upload the final file on the website!

If you have any further questions please do not hesitate to contact us at info@newhorizonfellowshiporg