**Application Form (*APSR Short-Term Research/Training Scholarship*)**

APSR members wishing to apply for an APSR Short-Term Research/Training Scholarship must complete the below form and return it to the APSR with a copy of their Curriculum Vitae, Publication List and Project Description. These must be sent to:

**Executive Manager, The Asian Pacific Society of Respirology, 2F, UK’s Bldg., 2-29-3 Hongo, Bunkyo-ku, Tokyo, Japan 113-0033, Email:** **apsrinfo@theapsr.org**

**Section 1 – Scholarship Sought**

|  |  |
| --- | --- |
| Title of proposed project: |  |
| Scholarship expected starting date: | Day: Month: Year: |
| Scholarship expected finishing date: | Day: Month: Year: |

**Section 2 – Applicant personal details**

|  |  |
| --- | --- |
| Last name: |  |
| First names: |  |
| Date of birth: | Day: Month: Year: |
| Nationality: |  |
| Present position: |  |
| Since when: |  |
| Name and address ofthe home institution: |  |
| Country: |  |
| Telephone: |  |
| Fax: |  |
| Email: |  |
| APSR membership number |  |

**Section 3 – Home supervisor**

|  |  |
| --- | --- |
| Last name: |  |
| First names: |  |
| Present position: |  |
| Since when: |  |
| Name and address of the home institution: |  |
| Country: |  |
| Telephone: |  |
| Fax: |  |
| Email: |  |
| APSR membership number(if applicable) |  |

**Section 4 – Host supervisor**

|  |  |
| --- | --- |
| Last name: |  |
| First names: |  |
| Present position: |  |
| Since when: |  |
| Name and address of the home institution: |  |
| Country: |  |
| Telephone: |  |
| Fax: |  |
| Email: |  |
| APSR membership number(if applicable) |  |

**Section 5– Additional material to be provided:**

Free-form:

Short curriculum vitae

Publication list

Project description

Fixed Form: (see the following pages)

2 x Reference Forms (two referees) (Form-A)

Home Supervisor Release Form (Form-B)

Host Acceptance Form (Form-C)

# Form-A: Host Acceptance Form

**To be completed by the applicant**

Name of applicant:

Name and country of home institution:

Name of host supervisor:

Name and country of host institution:

Title of proposed project:

Proposed start and finish dates: =... months in total

**To be completed by the host supervisor**

Will the applicant receive any income (salaries, scholarships, travel grants, etc.) from the host institution during the period of the proposed Scholarship? If yes, give details:

1. The APSR Scholarship provides the recipient with a subsistence allowance to help towards the Scholar’s living costs and travelling expenses to the host institution. The Scholar is not, therefore, an employee of the APSR, and hence the APSR does not accept liability for their actions, health, safety or research expenditures. The host institution, in accepting the Scholar, accepts the responsibility of protecting both itself and the Scholar as appropriate to the normal needs of a guest worker. The host institution also accepts to provide the necessary materials and facilities. APSR does not provide “bench fees” or any other financial contribution to the costs of the research.
2. To the extent that the receiving institution is legally able, and in accordance with its policy, the results of any research involving the Scholar will be made freely available in the scientific literature and will not be kept undisclosed, or their disclosure delayed, for non-scientific reasons.
3. I am aware that priority will be given to candidates, home supervisors or host supervisors who are members of the APSR at the time of application. *(If a host supervisor is currently not an APSR member he is invited to become one by contacting the APSR Secretariat Office, Tokyo, Japan).*
4. I hereby certify that the proposed project can be carried out successfully at this host institution within the parameters of national and international guidelines on ethics, safety, animal experiments, hands-on restrictions, etc.
5. I certify that the foregoing statements are true and complete to the best of my knowledge. I understand that any false statement is sufficient cause for rejection of this application or for cancellation of a scholarship already awarded.

Date: Host supervisor signature:

**Please sign and return this form to the applicant.**

# Form B: Home Supervisor Release Form

**To be completed by the applicant**

Name of applicant:

Name and country of home institution:

Name of home supervisor:

Name and country of home institution (if different from above):

Title of proposed project:

Proposed start and finish dates: =... months in total

**To be completed by the home supervisor**

Will the applicant receive any income (salaries, scholarships, travel grants, etc.) from the home institution during the period of the proposed Scholarship? If yes, give details:

Is the applicant fluent enough in a language used at the host institute to ensure good communication? If yes, which language:

1. I authorize the candidate to leave their home institution during the planned project period.
2. I confirm the relevance of the project and support the proposed work.
3. I attest that the proficiency of the candidate in the working language at the proposed host institution is sufficient.
4. The APSR Scholarship provides the recipient with a subsistence allowance to help towards the Scholar’s living costs and travelling expenses to the host institution. The Scholar is not, therefore, an employee of the APSR, and hence the APSR does not accept liability for their actions, health, safety or research expenditures.
5. I am aware that priority will be given to candidates, home supervisors or host supervisors who are members of the APSR at the time of application. *(If a home supervisor is currently not an APSR member he is invited to become one by contacting the APSR Secretariat Office, Tokyo, Japan).*
6. I confirm the relevance of the project and support the proposed work.
7. I certify that the foregoing statements are true and complete to the best of my knowledge. I understand that any false statement is sufficient cause for rejection of this application or for cancellation of a Scholarship already awarded.

Date: Home supervisor signature:

**Please sign and return this form to the applicant.**

# Form-C: Reference Form

## Confidential letter of Reference for an APSR Scholarship

##### To be sent directly by the referee to:

**The Asian Pacific Society of Respirology,**

**2F, UK’s Bldg., 2-29-3 Hongo, Bunkyo-ku, Tokyo, Japan 113-0033**

**To be completed by the applicant**

Name of applicant:

Name of the referee:

Name and address:

Telephone:

Fax:

Email:

**To be completed by the referee**

I was/have been acquainted with the applicant from (year)…….. to (year)…….
in my capacity as (teacher, supervisor, colleague, etc.):

Confidential and frank assessment of the applicant:

Please grade the applicant from 1 to 5 on the following criteria
(5= excellent, 4 = very good, 3 = good, 2 = average, 1 = poor)

Originality of mind:
Scientific or clinical background:
Technical proficiency:
Familiarity with appropriate scientific literature:
Ability to organize scientific data:
Faculty of judgement:
Perseverance:

Your ranking of the applicant among a total of …….. Scholars/graduate students and postdocs
Top 5% 10% 20% 30% 50% lower

Date: Referee signature:

#### Please advise the applicant that you have provided the APSR with this reference.