# ASAS Research Internship


# application form

# This application is not open for full ASAS members

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

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| Name (in full, surname first): |  |
| Date of birth: |  |
| **Name and address of the institution you *currently* work at, as well as your contact information:** |  |
| **Phone:** |  |
| **Fax:** |  |
| **E-mail:** |  |
| **Nationality:** |  |
| **Are you an ASAS-member?** | yes/noIf yes: associate or full member (**Note: full members are not allowed to apply for an ASAS fellow ship)** |
| **Date of submission:** |  |

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| **Qualifications:***Provide information about your medical education, residencies, training etc.* |
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| **Current status/position:***Provide information about your current clinical and/or scientific work* |
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| **Research experience:** *Provide information that reflects your interest in the field of spondyloarthritis* |
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| **Other fellowships you have received:***Note N.A. if you have not* |
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| **Publications:** *Include abstracts, poster/oral presentations, publications including those that are in press)* |
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| **Name of your supervisor in your institution:****Name of the research project that you will undertake:****Start and end dates of the project:** |  |

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| **State briefly your career intentions:** |
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| **State the names of two mentors who can attest to your interest and commitment to SpA and provide letters of support (word format):** |
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**Part 2. To be completed by the applicant and the supervisor at the institution**

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| **Executive project summary:** *Provide a structured summary with background, aims, patients and methods, and expectations*  |
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| **Goal or hypothesis:** *Provide information about the main and secondary aims of your proposed project* |
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| **Global work plan for the entire project:** *Provide information about study design, study population (if appropriate) with in- and exclusion criteria, outcome measures or tests/assays, analyses to be performed, statistical power considerations, milestones and timelines, and expected end product* ***and an estimation of the costs of the research project***  |
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| **Interest for ASAS:** *Provide information that clarifies why this project should be performed as an ASAS-endorsed project. Provide also information that clarifies why patients with spondyloarthritis may benefit from this project*  |
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**Part 3A. To be completed by the mentor/supervisor in the institution**

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| Applicant’s name: |  |

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| **Please give your comments on the applicant’s scientific ability and suitability for the ASAS Research Internship. Please also include any other points you consider would be helpful.** Provide information that will help us in judging why this applicant will be an asset for research in the field of spondyloarthritis |
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| Name of the supervisor: |  |
| Are you an ASAS-member? | yes/noIf yes: associate or full member? |
| Supervisor’s office address: |  |
| **Phone:** |  |
| **Fax:** |  |
| **E-mail:** |  |
| **Date:** |  |
| ***I herewith declare that I have designed this proposal together with the applicant, that I agree with it, that I agree with the applicant’s candidacy, and that I accept the applicant coming to my institution/department for the intended period of the fellowship*** |
| **Supervisor’s signature:** |  |

**Part 3B: Only to be completed by the legal head of department if the supervisor mentioned above is not the legal head of department**

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| Name of the head of department: |  |
| **Phone:** |  |
| **E-mail:** |  |
| **Date:** |  |
| ***I herewith declare that I have taken notice of this projectproposal, that I agree with it, and that I accept the applicant coming to my institution/department for the intended period of the fellowship***  |
| **Signature:** |  |

Please send the completed and signed form in **word format** to ‘mail[ad]asas-group.org’

Note : [ad] = @