

CASB Fellows Program Application Procedures 2014-2015







The CASB Fellows Program, an educational collaborative between The Consortium for Advanced Studies (CASB) and the Barcelona Group (BG), seeks to promote mutual research cooperation among CASB and BG member institutions and to open new avenues for enhanced professional engagement. The program is open to recent PhD graduates from The *University of Barcelona*, the *Autonomous University of Barcelona*, the *Polytechnic University of Catalunya* and the *Pompeu Fabra University* who are seeking to carry out postdoctoral research in the United States for periods of one to four months.

Purpose

The program is aimed at granting fellowships for advanced training and trans-national mobility in any research field in one of the following CASB full-member receiving institutions: Brown University, The University of Chicago, Stanford University, Columbia University and Northwestern University.

Financial support is provided for a period of 1-4 months (full-time equivalent), for individual projects presented by recent PhD graduates from any of the Barcelona Group universities: the **University of Barcelona**, the **Autonomous University of Barcelona**, the **Polytechnic University of Catalunya** and the **Pompeu Fabra University.**

It is intended to select four young researchers, one of each University from the Barcelona Group.

Elegibility

Applicants should meet the following requirements at the time of the deadline of the submission of the application:

- to have a PhD degree by one of the Barcelona Group universities
- to have less than two years of professional experience from finishing their PhD degree
- to be hired by one of the Barcelona Group universities

Funding

CASB fellowships program for the 2014-2015 will have a total endowment of **20,000** euros.

CASB Fellows Program Application Procedures 2014-2015

Candidates must send their applications to their home university in Barcelona, according to the following instructions:

At **UAB** applications will be managed and centralized by the University General Register Office (Building A –Rectorate, ground floor- Campus Bellaterra. 08913 Bellaterra. Cerdanyola del Vallès. Barcelona). The Research Management section will be responsible of the applications and contact with candidates.

Contact: Esther Verriest, Manu Pérez-Sala, Telfs.: 93 586 8030/ 93 581 1636; incorporacio.mobilitat.agr@uab.cat

- At **UB** applicactions will be addressed to the Mobility and International Programs Office (Pavillion "Rosa," Travesera de les Corts, 131-159. 08028. Barcelona) This office will be reponsible of the applications and contact with candidates. Contact: José Manuel Pérez, Telf.: 93 4033703, Fax: 93 403 5387; josemaperez@ub.edu
- At **UPF** applications will be addressed personally or by postal service to the UPF General Registrar. Pl. de la Mercè, 12, 08002 Barcelona or any of its other campus offices. The Service of International Relations will be responsible for processing the applications and contact the candidates. For additional information about the fellowship contact Laura Peña, tel. 935422982, e-mail: laura.penya@upf.edu
- At **UPC** applications will be sent to International Affairs (Staff Mobility Unit, c/ Jordi Girona, 31 Building Til·lers, 2nd floor, 08034 Barcelona). This office will manage the applications.

Contact: Staff Mobility Unit Tel: +34 934137530 Fax: +34 934137503; mobilitat.pdi@upc.edu

The deadline for the submission of 2014-15 applications is 30 April 2014. The CASB Barcelona Director will closely liaise with both the CASB full member institutions and the Barcelona Group Selection Committee to ensure the timely review of submitted applications and the notification of selection results. Applicants will be informed of the selection results no later than June 1, 2014.

The application materials shall consist of the following:

- 1. Curriculum Vitae
- 2. Overview of intended research project, specifying the following
 - a. Objective
 - b. Methodology
 - c. Expected contribution to the applicant's field of research
- 3. Evidence of support from the research group or academic department of the CASB full member institution solicited, specifying the following
 - a. Overview of the group or department's research activities and their relevance to the applicant's intended research activities
 - b. Letter of acceptance or statement of interest in receiving the applicant on the campus for research purposes
- 4. Completed CASB Administrative Representative Statement (see below)
- 5. CASB Fellows visa application form (below)

- 6. A copy of a valid passport
- 7. A signed Insurance Verification Form (below)

Note: This form is not necessary for initial acceptance, but final acceptance is CONTINGENT upon receipt of this form no less than 30 days prior to your planned arrival at the CASB host institution

Late applications will not be accepted.

Final acceptance in the program and use of the funds requires the joint approval of the solicited CASB full member institution and the Barcelona Group Selection Committee.

Selection Committee

The selection committee is comprised of the following Barcelona Group members:

- the coordinator of the Barcelona Group acting as President
- a vice-rector of the other two universities of the Barcelona Group

The Selection Committee is responsible for selecting applicants and is the final stage of the selection process.

Compatibility with other Grants

Financial support provided is compatible with other grants. The sum of all financial support obtained should not be major than the total cost of the action.

Reporting

Participants selected must submit a final report about the activities carried out during the stay. It should include a training valoration and the conformity signature of the person in charge of his/her training at the host institution.

Documentation Forms:

- Document 1: CASB Fellows visa application form (Personal Information plus Research Plan Summary)
- Document 2: CASB Administrative Representative statement
- Document 3: Health Insurance Verification Form











CASB Fellows Program Application Procedures

APPLICATION INFORMATION FOR PROSPECTIVE CASB FELLOW TO BE COMPLETED BY APPLICANT (Please Print CLEARLY):

1.	Applicant's Surname(s	s):		First nam	e:	
2.	Gender:	Date of E	Birth: Month:	Day	':Y	′ear:
3.	Place of birth (city & c	country):				
4.	Country of citizenship	:	Co	untry of legal re	esidency: _	
5.	Permanent Mailing Ac	ldress:				
6.	Home Telephone Num	ber:		Mobile phone: _		
7.	Email address:					
8.	Field of study:					
9.	Highest university de	gree attaine	d	D	ate granted	l
10	. Preferred CASB Host	Institution (check only one)	:		
□E	Brown University DUnivers	ity of Chicago	□Northwestern U	niversity Stanfo	ord University	☐Columbia Universit
11	. Date of Intended Arriv	al to CASB	Host Institution	:		
	Month:	Day:	Year:			
	Date of Intended Depart	arture: M	onth:	Day:	Year:	
12	. Do you intend to bring	g family mer	nbers?* If yes,	please indicate	for each fa	mily member:
Na	me Citiz	enship	Place & D	ate of Birth	Relation	ship to Visitor
*M	landatory health insura	nce is requi	red for visitor a	nd accompanyir	ng family m	embers.
13.	If you already have a	US Social Se	ecurity Number	please enter it	here:	

CASB Fellows Program Application Procedures Personal Information

TO BE COMPLETED BY THE BARCELONA GROUP SELECTION COMMITTEE REPRESENTATIVE:

1.	. CASB Host Institution Destination:				
	Funding Sources: Total of all funds:				
	From Barcelona Group: Housing \$ per month for months				
	Living stipend \$ per month for months				
	Airfare \$US: or round-trip economy				
	Other funding: Source: Amount: \$ per month				
2. Host Department at CASB Receiving Institution:					
	Liaison:				



your summary to this form.

CASB Fellows Program Application Procedures Research Plan Summary [Document 1]

physics, pecific ccommodate. e prospective
e might be er's full name
s a o

Please summarize your research plan in 2-3 typed paragraphs, explaining objective, methodology and expected contribution to your field of research. Attach

CASB Fellows Program Administrative Representative Statement [Document 2]

I acknowledge that, in addition to the appropriate CASB member institution academic department, I have duly informed by electronic mail the following CASB institutional administrative representative of my interest in conducting a research project with the support of CASB Fellowship funding (check appropriate box and provide a photocopy of the corresponding electronic message, which should include the title of the research project, intended dates of travel and sponsoring US academic departmental contact).

Brown University		
Kendall Brostuen		
kendall brostuen@brown.edu		
University of Chicago		
University of Chicago Sarah Walker		
scw@uchicago.edu		
<u>scwwacincago.edu</u>		
Columbia University		
Michael Pippenger		
mp2496@columbia.edu		
Northwestern University		
William Anthony		
wanthony@northwestern.edu		
G. 6 111 : "		
Stanford University		
David Boyer david.boyer@stanford.edu		
<u>david.boyer@staniord.edd</u>		
CASB applicant's full name (please	print)	
CASB applicant's signature		
5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Data		
Date:		



CASB Fellows Program
Application Procedures
Insurance Verification Form
[Document 3]

CASB Fellows HEALTH INSURANCE VERIFICATION FORM

Please complete, sign and return this form up to 30 days prior to arrival at the CASB Host Institution and send to:

Juan José Romero Marin, Director The Consortium for Advanced Studies in Barcelona C/Balmes 132, 5a Planta 08008 Barcelona FAX 934 93 542 14 30

Email: Juanjo.romero@CASBarcelona.org

NOTE: All CASB Fellows are **required** to carry Medical Insurance coverage for themselves and any accompanying spouse and minor children on J visas. At a minimum, insurance coverage shall include: 1) Medical benefits of at least \$50,000 per person per accident or illness. 2) Repatriation of remains in the amount of \$7,500. 3) Expenses associated with medical evacuation in the amount of \$10,000.

CASB Fellows can either contract the Health Insurance suggested by the US host university or contract it through the insurance providers of the home university under the minimum insurance coverage stated above.

PART 1: Visitor Information.

Name:		
Surname (s)	First	Middle
Local Mailing Address:		
PART 2: Policy Information.		
Insurance Company:		
Name of Policy Holder	Policy number	

CASB Fellows Program Application Procedures Insurance Verification Form [Document 3]

Please verify the dates	for which your coverag	e is effective;	
From	То	_	
PART 3: Spouse and	Dependent informati	on.	
Name:			
Su	rname (s)	First	Middle
Insurance Company: _			
Effective date:	End date:		
I hereby certify that the U.S.	this coverage will be	in effect during the ful	l length of my stay i
Print name		Signature	

Please note: All visiting fellows must have Health Insurance effective for the entire period of their stay in the U.S. <u>prior to departure from their home country</u>. If your current insurance policy does not provide coverage while in the U.S., see the list below.

Suggested Provider Information:

www.isoa.org - International Student Organization

<u>www.compassbenefit.com</u> – Compass Benefits Group

<u>www.StudentBenefitsInternational.org</u> – HTH Worldwide Insurance services

www.travelinsure.com - Study USA-Healthcare

<u>www.unipsa.com</u> – UNIPSA, Correduría de Seguros, Grupo Banca March

www.gdsseguros.com - GDS, Correduría de Seguros, La Caixa Grupo asegurador

www.aceeurope.es - ACE Europe