



## Application form for FLARE 2 post-doctoral fellowship 2010



### Part F: Commitment by Receiving Institution for mobility period

This form should be filled in by the main scientist in charge at the Receiving Institution and signed by him/her and the legal representative of the Institution.

<i>Name of the applicant</i>	
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Contact Details of FLARE Project Receiving Institution			
<i>Name of Home Institution</i>			
<i>Name of Research Unit/Department</i>			
<i>Head of Research Unit/Department</i>			
<i>Address</i>			
<i>Town/city</i>			
<i>Postal code/Cedex</i>		<i>Country</i>	
<i>Telephone 1</i>		<i>Telephone 2</i>	
<i>Fax</i>			
<i>Email</i>			
<i>Website</i>			

#### 1. Research environment of proposed Receiving Institution

Please state your **commitment** to provide research facilities and infrastructure and include a description of facilities that will be made available to the applicant (working and laboratory premises, equipment, including computing (normal and where relevant, high speed computing), telecommunications, telephone, mailing, copying and library services. Technical support services for example materials or biological sample testing, calibration / technical support for instrumentation etc.



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### **2. Training and career development provided by Receiving Institution**

Please describe the research training your institution will offer specifically to the applicant (maximum 1 page A4)



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**3. Other comments:**



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FLARE 2 Project Receiving Institution Declaration	
<p>In submitting this application for a FLARE 2 Grant, we confirm on behalf of the administrative authority of [ Name of receiving institution ] that:</p> <ol style="list-style-type: none"> <li>1. We support this application and if a FLARE 2 Grant is offered we guarantee to provide the grant holder with the support, research infrastructure and access to facilities necessary to carry out the proposed research.</li> <li>2. We will accept the terms and conditions applied by the funding agency allocating the FLARE 2 grant.</li> <li>3. We are authorised to make this declaration on behalf of the administrative authority.</li> </ol> <p>Name (block capitals).....Position.....</p> <p>Signature.....Date.....</p> <p><b>Head of Department where the applicant plans to work</b></p> <p>Name (block capitals).....</p> <p>Signature.....Date.....</p>	

<i>Name of the applicant</i>	
<i>Receiving institution</i>	