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**APPLICATION FORM**

1. **Applicant:**
   1. **Name and Title:**
   2. **Address:**
   3. **Email:**
2. **Name of Cooperative Group supporting your research:[[1]](#footnote-1)**
3. **Country(ies) of Research Activities:**
4. **Name, Title, Institution and Email of Mentor from an institution in LIC/LMIC:**
5. **Project Duration (24 months max):**
   1. Estimated Start Date:
   2. Estimated End Date:
6. **Please describe your research study (2 pages max), covering the following areas:**

* the current status of the management of the proposed disease-topic in the cooperative group where you are working.
* the current unmet needs from your cooperative group and what research question you are trying to answer.
* Expected outcome of your research study
* your research methodology, including info on statistics and timelines.
* the potential number of patients and countries your proposal will cover, if successful.
* the knowledge you will obtain during the project and how this knowledge will be useful to set up a clinical research activity in your cooperative group.
* the limitations and risk management for your research study

1. **What percentage of your full time effort is/will be dedicated to this research study?**
2. **What achievements to you plan to reach in first 12 months of research?**
3. **What achievements do you plan to reach by the end of the 24 months of research?**
4. **Budget (38,000 USD)**

Please specify how you will use the funds.

1. **Non-PARC Sources of Funding**

Please specify what additional sources of funding (outside this PARC funding) you have to conduct your research. Having additional funding sources is not a requirement for this application.

1. **Acknowledgement of Geographic Restriction to PARC Funds Spending**

🗹I acknowledge that I will not use the PARC CDA funds for any travel, accommodation and associated costs incurred within the USA.[[2]](#footnote-2) **Please initial here:**

1. **Funding Disbursement**

🗹I acknowledge that PARC CDA funds will be disbursed in two tranches, once at award signature and once at the start of Year 2 of research. **Please initial here:**

1. **Checklist: Please attach the following documents to your application:**
2. **CV** (no specific template for the CV)
3. **Letter of Support from the Chair/President of the Cooperative Group** (max 2 pages; it should state that the cooperative group supports the research study; should specify that the country where the research is being conducted is a country that belongs to the scope of work of the cooperative group; should explain how this CD Award will support the long term career development goals of the researcher and how and why that is relevant to your cooperative group; should detail how relavant the proposed research is to the research strategy of the cooperative group; how feasible is the proposal project within the 2-year timeframe and specify the contact information including email for the Chair/President signing the support letter)
4. **Letter of Support from the Chair of the Department of your Home Academic Institution** (max 2 pages; must specify the position and credentials of the applicant, that the applicant is allowed to carry out the proposed research, including IRB approval if relevant; must specify that the applicant is a staff member with a permanent position or is on track to apply for a permanent position if the applicant is in the last year of a training position; must specify that there is a commitment to support the conduct of the research; explain how this CD Award is relevant to the long term commitment of your academic institution to this particular tumor type or topic; be sure to specify contact information including email for the Chair signing the support letter)
5. **Letter of Support from Mentor from an institution in LIC/LMIC** (max 2 pages; specify long term commitment to mentoring the researcher; feasibility of the research study; frequency of mentoring meetings and interactions)[[3]](#footnote-3)
6. **SIOP Membership Certificate for Year 2023**[[4]](#footnote-4)

1. Only applicants supported by the following cooperative groups are eligible to apply: GALOP, CANCARE AFRICA, POEM, INPHOG, APHOG, and GFAOP; applicants affiliated with other cooperative groups will not be considered. [↑](#footnote-ref-1)
2. If awardee can secure their own funds (non-PARC CD Award funds), awardee is allowed to travel to the USA for research, mentoring and/or SIOP Congress attendence. [↑](#footnote-ref-2)
3. If the Chair of the Department of your Home Academic Institution is the same person as the LMIC mentor, you can provide only one letter but be sure to cover all areas mentioned above. [↑](#footnote-ref-3)
4. Please download your 2023 SIOP Membership Certificate from the [SIOP website](http://www.siop-online.org/) or contact [membership@siop-online.org](mailto:membership@siop-online.org). [↑](#footnote-ref-4)