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| **Scientific Education Travel Grants** | Ein Bild, das Text enthält.  Automatisch generierte Beschreibung |
| The Comprehensive Cancer Center Zurich (CCCZ) is an oncology center of excellence of the University of Zurich (UZH), University Hospital Zurich (USZ), Balgrist University Hospital and University Children's Hospital Zurich. CCCZ strives for excellence in cancer research and cancer medicine, tight collaborations between scientists and physicians, and professional education in oncology. Our mission is to provide excellence in cancer medicine and implement innovative research programs towards precision oncology.  CCCZ Scientific Education Travel Grants: Supporting the academic mobility and career development of early-career physician scientists and scientists of CCCZ  ***Funded by the CCCZ #SOLAgegenKrebs Fundraising Campaign***  Guidelines   * Applicants are early-career physician scientists or scientists (advanced PhD Candidates or Postdocs) of CCCZ. * Applicants must be employed by a CCCZ member affiliated with UZH or one of the University Hospitals. Please click [here](https://www.usz.ch/fachbereich/comprehensive-cancer-center-zuerich/ueber-uns/c3z-mitgliedschaft/) to find an overview of current CCCZ members. * Applicants should be no older than 35 years. * Applicants can apply for reimbursement of costs for scientific conferences, workshops, research stays or other educational and training modules. * Applicants applying for grants for conference attendance are required to actively contribute to the meeting (poster, talk etc.). Grant recipients must mention the Comprehensive Cancer Center Zurich (CCCZ) in/on their presentation/poster. * Only travel costs (economy class flights and 2nd class railway tickets), accommodation, registration/participation fees will be reimbursed. Please adhere to UZH travel and sustainability [factsheets](https://www.sustainability.uzh.ch/en/campus-operations/air-travel.html) / [guidelines](https://www.sustainability.uzh.ch/en/get-active/factsheets-and-guidelines.html). * Maximum sum of reimbursement: 5’000 CHF. * Reimbursements will be made after the journey upon receipt of the original tickets and invoices (no longer than 3 weeks after attendance).   Application (see page 2)   * Applications can be submitted any time during the year. * Only applications for future events will be considered (no past events). * Relevance/importance of the attendance for the applicant’s project and career development must be clearly stated. * Only applications which are complete will be considered. * The funding decision will be communicated within four weeks after submission of the application.   Reporting   * A short (experience) report must be submitted within three weeks after the event (the latest).   CONTACT   * Please submit the application to [maja.zenz.uzh.ch](mailto:maja.zenz.uzh.ch) * Maja Zenz, Director Management, CCCZ // [maja.zenz@uzh.ch](mailto:maja.zenz@uzh.ch) // +41 44 635 3724 | |

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| **APPLICATION for CCCZ Scientific Education Travel Grant** | | | | | | | |
| **Surname and name of applicant** | | | | **Position** | | | |
| **Affiliation/Department** | | | **Name of PI** | | | **CCCZ Member**  Y/N | |
| **I already applied for a CCCZ travel grant before (awarded sum:**      **CHF)** | | | | | | | |
| **Institute/Department address** | | | **Home address** | | | | |
| **E-mail** | | | **Phone** | | | | |
| **TOTAL AMOUNT REQUESTED from CCCZ (max. CHF 5000.- per person and year)** | | | | | | | **CHF** |
| **List of expenses** (registration fee, travel costs, accommodation) | | | | | | | |
| **Name of event** | | | | | | | |
| **Venue and date** | | | | | | | |
| **Own contribution** | Poster | Talk | | | Other, please specify | | |
| **Reason for attendance. Please state motivation and importance for own research and career development (approx. 200-400 words).** | | | | | | | |
| **Other financial contributions** (name of foundation, sponsor, amount) | | | | | | | |
| **Bank details of person/institute that should be refunded** (name and address of bank, IBAN number and BIC and SWIFT code) | | | | | | | |

**Date Signature Applicant**

I support the application;

**Date Signature Principal Investigator**