**Form 1**

**Application Form for the KEK-TRIUMF Exchange Program**

**for Early Career Researchers (“EPECR”)**

**1．Applicant Information:**

|  |  |
| --- | --- |
| Name: | First Middle Last |
| Affiliation: |  |
| Position: |  |
| Nationality | \*If you need an entry visa to receiving country, please specify. |
| ORCID Researcher No. | \*Please obtain if you do not have this<https://orcid.org/> |

**2. Acceptance to apply for the EPECR program:**

**(a) For All Applicants.**

[ ]I have obtained acceptance to apply for this program from the acceptance authority of the dispatching institute.

|  |  |
| --- | --- |
| Acceptance authority at the dispatching institute\*See footnote | Name: First Middle LastAffiliation: Position: E-mail: |

[ ]I have obtained acceptance to apply for the EPECR program from the supervisor/group leader at the receiving institute.

|  |  |
| --- | --- |
| Supervisor/group leader at the receiving institute. | Name: First Middle LastAffiliation:Position:E-mail: |

**(b) Additional approval required only for Graduate Student in KEK (excluding SOKENDAI**

**students)**

[ ]I have obtained acceptance to apply for the EPECR program from my Acceptance Authority of the home university.

|  |  |
| --- | --- |
| Acceptance authority at the home university\* See footnote | Name: First Middle LastAffiliation: Position: E-mail: |

**(Footnote)**

 **Refer to the attached table “Eligible Applicants and Acceptance Authority under the EPECR**

**program” about Acceptance Authority depending on position of respective applicant.**

**3. Intended Period of the Stay:**

|  |  |  |  |
| --- | --- | --- | --- |
| Arrival date: | yyyy/mm/dd | Departure date: | yyyy/mm/dd |

**4. Intended Resource for International Transportation Expense:**

 [ ] I want to ask support of the dispatching institute under the EPECR program.

 [ ] I do not need support of the dispatching institute under the EPECR program.

**5. Description of proposed research activities:**

Describe your proposed research activities under the EPECR program.

 [ ] This proposal will support a new project or collaboration OR [ ] builds on an existing project or collaboration.

**(a) Research Objectives (max. 100 words):**

|  |
| --- |
|  |

**(b) Research Plan (max. 400 words):**

|  |
| --- |
|  |

**(c) Others (e.g. Contribution for outreach/networking) (max. 100 words)**

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