
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, 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 been awarded a PhD in the five years immediately preceding this call
- being employed by one of the Barcelona Group universities at the time of this call

Funding

CASB fellowships program for the 2016-2017 have a total endowment of **17,384.00** euros.

CASB Fellows Program Application Procedures 2016-2017

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, M.Carmen Rodriguez, Telfs.: 93 581 2382/ 2562; recerca.respon@uab.cat

At **UB** applications will be addressed to the Mobility and International Programs Office (Pavelló Rosa – Recinte Maternitat, Travessera de les Corts, 131-159. 08028. Barcelona) This office will be responsible of the applications and contact with candidates. Contact: Marta Arias, Telf.: 934035386, Fax: 934035387; marta.arias@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 2016-17 applications is 30 June 2016. 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 **July 16, 2016.**

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 each of the three 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 valuation 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



APPLICATION INFORMATION FOR PROSPECTIVE CASB FELLOW

TO BE COMPLETED BY APPLICANT (Please Print CLEARLY):

1. Applicant's Surname(s) : _____ First name: _____

2. Gender: _____ Date of Birth: Month: _____ Day: _____ Year: _____

3. Place of birth (city & country): _____

4. Country of citizenship: _____ Country of legal residency: _____

5. Permanent Mailing Address: _____

6. Home Telephone Number: _____ Mobile phone: _____

7. Email address: _____

8. Field of study: _____

9. Highest university degree attained _____ Date granted _____

10. Preferred CASB Host Institution (check only one):

Brown University University of Chicago Northwestern University Columbia University

11. Date of Intended Arrival to CASB Host Institution:

Month: _____ Day: _____ Year: _____

Date of Intended Departure: Month: _____ Day: _____ Year: _____

12. Do you intend to bring family members?* If yes, please indicate for each family member:

Name	Citizenship	Place & Date of Birth	Relationship to Visitor
_____	_____	_____	_____
_____	_____	_____	_____

*Mandatory health insurance is required for visitor and accompanying family members.

13. If you already have a US Social Security 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: _____



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

Name: _____

Field of Interest: _____

Title of Research Project: _____

IMPORTANT: If you hope to conduct research in the applied sciences (engineering, physics, chemistry, biology, etc.) or any other field that requires access to laboratories or specific technical equipment, please know that your project may be extremely difficult to accommodate. To ensure that your project is possible, please include evidence of support from the prospective CASB host institution faculty with your application material.

If you know of a faculty member at your intended CASB institution whose expertise might be particularly helpful for your research in any field, please provide the faculty member's full name and academic department.

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

**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
Sarah Walker
scw@uchicago.edu

___Columbia University
Michael Pippenger
mp2496@columbia.edu

___Northwestern University
William Anthony
wanthony@northwestern.edu

CASB applicant's full name (please print)

CASB applicant's signature

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]**

Contact Information of Policy Provider: _____

Please verify the dates for which your coverage is effective;

From _____ **To** _____

PART 3: Spouse and Dependent information.

Name: _____
Surname (s) First Middle

Insurance Company: _____

Effective date: _____ End date: _____

I hereby certify that this coverage will be in effect during the full length of my stay in the U.S.

Print name

Signature

Please note: All visiting fellows must have Health Insurance effective for the entire period of their stay in the U.S. prior to departure from their home country. 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

www.compassbenefit.com – Compass Benefits Group

www.StudentBenefitsInternational.org – HTH Worldwide Insurance services

www.travelinsure.com – Study USA-Healthcare

www.unipsa.com – UNIPSA, Correduría de Seguros, Grupo Banca March

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

www.aceeurope.es – ACE Europe