

# Fund Prinses Máxima Centrum Belgium

Call for clinical fellowship in paediatric haematology-oncology

## A few questions about your application

Give a title for your project (i.e. name of the applicant and current hospital) \*

This title will be used in our communication (jury, website, annual report). So please be as clear and as concrete as possible.

Briefly describe your experience and motivation to apply for this fellowship. \*

This description will be used in our communication (jury, website, annual report). So please be as clear and as concrete as possible.

### Timing

When would you be available to start the fellowship? \*

### Budget

An agreement will be signed between the KBF, representing the Fund Prinses Maxima Centrum Belgium, and PMC Utrecht.

The amount of €75.000 will be paid directly to the fellow by PMC Utrecht in the Netherlands.

An additional amount of max. €2.500 will be granted to the fellow for the sole purpose of paying registration fees for any extra courses during the stay at PMC Utrecht (fees will only be paid on presentation of supporting documents during the fellowship).

No overhead can be deducted from these amounts.

What financial resources do you or will you have to cover the costs of your stay in Utrecht? \*

(How much funding have you already been awarded and from whom?)



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## Details about your application

Where will your fellowship be conducted? \*

Please mention the postcode and the name of the district where your organisation is located.

- Your research project is concentrated in one city in Belgium
- Your research project concerns a whole province in Belgium
- Your research project concerns a whole community/region in Belgium
- Your research project concerns one country

Enter the city or postal code. \*

Select the province \*

Select the Community or Region \*

Fill in the country. \*

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## Specific questions

Name of the candidate \*

Current hospital \*

I. CANDIDATE INFORMATION: use this document

*(please provide info on the three questions mentioned below in this document)*

1. CV of the candidate & relevant information
2. Cover letter
3. Budget
4. Supporting letter
5. Team information

Only the PDFs of this annex '*specific questions I*' must be linked to your online application form; no additional annexes will be taken into account by the jury during its evaluation.

Thank you for your understanding.

**In case of selection, the person who has registered online with their e-mail address will be considered as the beneficiary of the support, and will be the contact person for all further administrative steps.**

## Contact details

Practical details about the ORGANISATION which is submitting this application.

You can only enter a limited number of characters. Please provide a concise, concrete description.

### **The organization (i.e. your employer during your fellowship year in the Netherlands)**

Official name

*Prinses Máxima Centrum voor Kinderoncologie BV*

National number

*54327946*

Main telephone number

(Write the number in international standard form, e.g. +32-2-511 18 40)

*+31 88 972 72 72*

Main e-mail address

*info@prinsesmaximacentrum.nl*

Website

*<https://www.prinsesmaximacentrum.nl/en>*

### **Address of registered office**

Street

*Heidelberglaan*

Number

*25*

Country

*THE NETHERLANDS*

Postcode  
3584 CS

City  
Utrecht

### **Financial details**

Name of the bank  
RABOBANK

IBAN/Bank account number  
NL67RABO0167159143

BIC code (SWIFT)  
RABONL2U

Account holder  
*Prinses Máxima Centrum voor Kinderoncologie BV*

### **The contact person (i.e. the applicant)**

Practical details about the CONTACT PERSON who is submitting this project proposal.

Please note: the name of the applicant should be listed here. In case of selection, this person will be named as beneficiary of the financial support.

Salutation \*

Surname \*

First name \*

Role in the organisation

Telephone number

(Write the number in international standard form, e.g. +32-2-511 18 40)

Mobile phone

E-mail address \*

### **The training supervisor**

Practical details about the TRAINING SUPERVISOR of the applicant.

Salutation \*

Surname \*

First name \*

Role in the organisation

Telephone number

(Write the number in international standard form, e.g. +32-2-511 18 40)

Mobile phone

E-mail address \*

### **The responsible person (i.e. PMC Utrecht representative)**

Practical details about the RESPONSIBLE PERSON who is authorised to sign the (financial) agreement with the King Baudouin Foundation if the application is selected.

This may be the university rector, the director of the research centre or anyone authorised to sign an agreement on behalf of the university or research centre.

Salutation

*Mr.*

Surname

*Pieters*

First name

*Rob*

**Role in the organization**

*Chief Medical Officer (CMO)*

**Telephone number**

(Write the number in international standard form, e.g. +32-2-511 18 40)

*+31889728585*

**E-mail address**

*r.pieters@prinsesmaximacentrum.nl*

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## Enclosures

Please submit the completed annex(es) together with your completed form. Your form will not be valid if it is submitted without the annex(es).

Please upload the completed Candidate Information \*

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The King Baudouin Foundation of course complies with privacy legislation in this area.

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