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 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 institutions (acting as receiving institutions: Brown University, The University of Chicago, Stanford University, 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 and the Pompeu Fabra University.

It is intended to select three young researchers, one of each University from the Barcelona Group.

**Eligibility**

Applicants should meet the following requirements at the time of the deadline of the submission of the application:

- to have a PhD degree by one of the Barcelona Group universities
- to have less than two years of professional experience from finishing their PhD degree
- to be hired by one of the Barcelona Group universities

**Funding**

The total funding for CASB Fellows program is 10,540€. Each grant will be worth 2000€ the first month and at least 125€ each additional week for a period of 1-4 months.
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, Manu Pérez-Sala, Telfs.: 93 586 8030/ 93 581 1636; incorporacio.mobilitat.agr@uab.cat

At **UB** applications will be addressed to the Mobility and International Programs Office (Pavilion "Rosa," Travesera de les Corts, 131-159. 08028. Barcelona) This office will be responsible of the applications and contact with candidates.

Contact: Elodia Guillamón, Telf.: 93 4035381, Fax: 93 403 5387; eguillamon@ub.edu

At **UPF** applications will be managed and centralized by the Research Service to Antonio Ruíz "Mercè Rodoreda" Building. Ramon Trias, 25-27, 08005 Barcelona Tel: +34 93 542 21 32; Fax: +34 93 542 14 40

info.recerca@upf.edu

- In all cases pdfs, photocopies and faxes of applications will be accepted, so long as originals follow in the mail within the deadline or are handed in person at the Autònoma University General Register Office (Building “A” –Rectorate, ground floor- Campus Bellaterra. 08913 Bellaterra. Cerdanyola del Vallès. Barcelona)

**The deadline for the submission of 2011-12 applications is 10 March 2011.** 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 **June 1, 2011.**

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 (Document 3)
5. CASB Fellows visa application form (Document 1)
6. A copy of a valid passport
7. A signed Insurance Verification Form (Document 4)

**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 the other two 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 personal visa application form (personal information)
- Document 2: 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): __________________________
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 of Chicago __ Northwestern University __ Stanford 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: ____________________________________________________________
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.
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
Martha Merritt
mlmerritt@uchicago.edu

__Columbia University
Fay Ju
fjj1@columbia.edu

__Northwestern University
William Anthony
wanthony@northwestern.edu

__Stanford University
David Boyer
daughter.boyer@stanford.edu

___________________________
CASB applicant’s full name (please print)

___________________________
CASB applicant’s signature

Date: ______________________
CASB Fellows Program
Application Procedures
Insurance Verification Form

[Document 4]

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 ___________________________
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.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