**Personal Details Form**

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| *Unless otherwise stated, all sections of this form must be completed. The text “Click to select an option” will allow you to choose a response from the dropdown menu.* *Once completed, this form should be renamed using the format: “name of the researchprogram\_type of\_document\_AIMSentity/centre\_monthyear of applying\_first and last name of applicant.” For instance, “MS4CR fellowship\_personaldetails\_AIMSNEI\_Mar2020\_SarahJake.” and attached to the online application form as a pdf.* *If requested in the ‘Terms of Reference’ for applicants or in the call for applications, a budget should be provided for non-project-related activities.* |

1. Applicant’s personal details

|  |  |  |  |
| --- | --- | --- | --- |
| **Title** | Choose an item. | **Surname** |  |
| **Names** |  | **Date of birth** | Click here to enter a date. |
| **Gender** | Choose an item. | **Nationality** |  |
| **Country of residence** |  | **Highest qualification** | Choose an item. |
| **Date of PhD award** | Click here to enter a date. |
| **Field of specialization** |  |
| **Current profession** |  | **Duration in position (mm/yy)** |  |
| **AIMS research program of interest** | Choose an item. |
| **If other, indicate** |  |
| **Project title (if applicable)** |  |
| **Your role** | Choose an item. |
| **Proposed start date**  | Click here to enter a date. |

1. Education

|  |  |  |  |
| --- | --- | --- | --- |
| **Qualification and specialization** | **Start date** | **End date** | **Name of Institution/Country** |
|  | Click here to enter a date. | Click here to enter a date. |  |
|  | Click here to enter a date. | Click here to enter a date. |  |
|  | Click here to enter a date. | Click here to enter a date. |  |
|  | Click here to enter a date. | Click here to enter a date. |  |

1. Work history

|  |  |  |  |
| --- | --- | --- | --- |
| **Complete job title** | **Start date** | **End date** | **Name of institution/Country** |
|  | Click here to enter a date. | Click here to enter a date. |  |
|  | Click here to enter a date. | Click here to enter a date. |  |
|  | Click here to enter a date. | Click here to enter a date. |  |
|  | Click here to enter a date. | Click here to enter a date. |  |

1. Family history. (This will also help in classifying researchers especially for applicants whose career may have been delayed by pregnancy, childbirth).

|  |  |  |
| --- | --- | --- |
| **Names of direct biological children** | **Date of birth** | **Comment (e.g. if/how this impacted your research or career)** |
|  | Click here to enter a date. |  |
|  | Click here to enter a date. |  |
|  | Click here to enter a date. |  |
|  | Click here to enter a date. |  |

1. Address for correspondence.

|  |  |
| --- | --- |
| Address of home institution: | Residential address: |
| Name of Institution:  | House number:  |
| Department: | Street name: |
| City/Country: | City: |
| Postal code: | Country: |
| Tel: | Tel: |
| Email address: | Email: |

1. Home institution and collaborator.

|  |  |
| --- | --- |
| **Name of institution** |  |
| **Type of institution (e.g. non-for-profit)** |  |
| **Address of institution** |  |
| **Title and names of collaborator** |  |
| **Collaborator’s Department** |  |
| **Collaborator’s position** |  |
| **Collaborator’s telephone #** |  |
| **Collaborator’s email address** |  |

1. Host institution and collaborator (if different from home institution).

|  |  |
| --- | --- |
| **Name of institution** |  |
| **Type of institution (e.g. non-for-profit)** |  |
| **Address of institution** |  |
| **Title and names of collaborator** |  |
| **Collaborator’s Department** |  |
| **Collaborator’s position** |  |
| **Collaborator’s telephone #** |  |
| **Collaborator’s email address** |  |

1. Other collaborating institutions, including AIMS Research Centres and collaborator (copy and paste the table as required).

|  |  |
| --- | --- |
| **Name of institution** |  |
| **Type of institution (e.g. non-for-profit)** |  |
| **Address of institution** |  |
| **Title and names of collaborator** |  |
| **Collaborator’s Department** |  |
| **Collaborator’s position** |  |
| **Collaborator’s telephone #** |  |
| **Collaborator’s email address** |  |

1. Accompanying dependents. This is applicable if stated in the ‘Terms of Reference’ document for applicants or in the call for applications.

|  |  |
| --- | --- |
| **Relationship** | **Names and surname** |
| Choose an item. |  |
| Choose an item. |  |
| Choose an item. |  |

1. Budget for non-project-related activities. This is applicable if stated in the ‘Terms of Reference’ document for applicants or in the call for applications.

|  |  |  |
| --- | --- | --- |
| **Budget Category** | **Unit amount (USD)** | **Total (USD)** |
| Choose an item. |  |  |
| Choose an item. |  |  |
| Choose an item. |  |  |
| Choose an item. |  |  |
| Grand total (USD) |  |