**Graphical user interface

Description automatically generated**

**Application Form**

**Key Dates**

|  |  |
| --- | --- |
| **Program Announcement and Applications Open** | **October 3, 2022** |
| **Webinar for Potential Applicants** | **Available on the STARS website** |
| **Letter of Intent (LOI) Due (online submission)** | **December 30, 2022** |
| **Webinar for Potential Applicants** | **Available on the STARS website** |
| **Application Due Date (online submission)** | **February 6, 2023, 23:59 GMT** |
| **Scientific Merit Review** | **March, 2023** |
| **Decisions Announced** | **April 3, 2023** |
| **Training Start Date** | **May 15, 2023** |

**Enquiries:** [**africancancerstars@gmail.com**](mailto:africancancerstars@gmail.com)

**Application Checklist**

*Please make sure to attach all required sections below to your application*

* Candidate Information
* Partner, Sponsor, and Mentoring Team Information
* Applicant Statements

Candidate’s history and experience

Areas of need to be addressed

Training plan

Candidate, Sponsor, and Mentoring Team Member Biosketches

* Letters of Support from Institution, Sponsor, and Mentoring Team
* Budget and Justification
* Human Subjects and Other Ethics Information
* Institutional Resources and Facilities   
   (Optional if applying from a non-pre-approved institution)

# Part 1: General Information

## Candidate Information / Background

|  |  |
| --- | --- |
| **CONTACT INFORMATION** | |
| **Full name** |  |
| **Title** |  |
| **Position** |  |
| **Institution, Department** |  |
| **Address** |  |
| **City, Postcode, Country** |  |
| **Contact phone** |  |
| **Email** |  |
| **PLEASE CHECK THE TRAINING TRACK FOR WHICH YOU ARE APPLYING:** | |
| Principal Investigator Track (PI-STARS) | |
| Project Management Track (PM-STARS) | |

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| **EDUCATION** | | | | | | | | | |
| **Institution and Location** | | **Degree Awarded** | | | | **Completion Year** | | **Field of Study** | |
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| **TRAINING CERTIFICATIONS**  *Please provide information for any of the following training programs that you have completed:* | | | | | | | | | |
| **Training course name** | | | | | **Completion Year (most recent)** | | **Institution** | | **Comments** |
| Human Subjects Research | | | | |  | |  | |  |
| Good Clinical Practice | | | | |  | |  | |  |
| Responsible Conduct of Research | | | | |  | |  | |  |
| Conflicts of Interest | | | | |  | |  | |  |
| Bioethics | | | | |  | |  | |  |
| Conflict Management | | | | |  | |  | |  |
| Project Management Professional | | | | |  | |  | |  |
| Certified Associate in Project Management | | | | |  | |  | |  |
| Other | | | | |  | |  | |  |
| **STARS TRAINING INSTITUTION**  *Please indicate your primary affiliation during STARS training:* | | | | | | | | | |
| **Affiliated with a Partner Organization (Y/N)** | | |  | | | | | | |
| **Name of Partner Organization** | | |  | | | | | | |
| **Contact Name** | | |  | | | | | | |
| **Contact Email address** | | |  | | | | | | |
| **Is your institution included on the pre-approved training institutions list?** | | | **Yes**  **No**  **(See separate list of pre-approved institutions)** | | | | | | |
| **SPONSOR (required for all applicants)** | | | | | | | | | |
| **Sponsor Name** | | |  | | | | | | |
| **Sponsor Organization** | | |  | | | | | | |
| **Sponsor Email address** | | |  | | | | | | |
| **Description of Sponsor’s area of expertise** | | |  | | | | | | |
| **MENTORING TEAM (2-3 Names)** *(Note: The mentor list is not required at this time. If you have existing mentors you plan to work with, please list them here. If you do not have mentors at the time of application, additional mentors will be identified upon selection into the program)* | | | | | | | | | |
| **Mentor 1** | **Name** | | |  | | | | | |
|  | **Organization** | | |  | | | | | |
|  | **Email Address** | | |  | | | | | |
|  | **Area(s) of expertise** | | |  | | | | | |
| **Mentor 2** | **Name** | | |  | | | | | |
|  | **Organization** | | |  | | | | | |
|  | **Email Address** | | |  | | | | | |
|  | **Area(s) of expertise** | | |  | | | | | |
| **Mentor 3** | **Name** | | |  | | | | | |
|  | **Organization** | | |  | | | | | |
|  | **Email Address** | | |  | | | | | |
|  | **Area(s) of expertise** | | |  | | | | | |

# Optional: Research Resources and Facilities: For applicants applying from non-pre-approved institutions, please provide information relevant to your proposed work that demonstrates the host institute has the resources needed to complete the proposed training. Note, only resources and facilities that will be used in the proposed training need be described here:

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| **Institution Description** |  |
| Other facilities and resources relevant to your proposed research: | |
| Laboratory |  |
| Clinical |  |
| Animal |  |
| Computing |  |
| Office |  |
| Other specialized facilities (Centers, resources, etc.) |  |

**Part 2: Applicant Statements**

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| **APPLICANT’S BACKGROUND AND EXPERIENCE (1 Page)**  *Describe your professional and academic record, prior training, and experience to explain why you to seek this training (500 word maximum)* |
|  |
| **PROBLEM STATEMENT (1 Page)**   * + - * *For All Applicants:*       * *Provide a statement and justification of the problems/needs that will be addressed by this training and what impact you can have to address these problems/needs* * *Explain the importance of a problem, need, or a critical barrier to progress that the proposed training addresses.* * *For PI Track Only:* * *Describe the strengths and weaknesses in the rigor of prior research (both published and unpublished) that justifies the need for the proposed training and research project.* * *Explain how the proposed training and research project will improve scientific knowledge, technical capability, and clinical practice in one or more broad cancer fields.* |
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| **TRAINING PLAN (1 Page)**  *Please include ancillary coursework, meeting attendance, site visits or exchange, and project concept that will be undertaken during training (to be fully developed and refined during the training period). Also, include the following:*   * *For all applicants:* * *Describe the features of the training program that will lead to a successful research career* * *Timeline of activities* * *For PI Track Only: Describe the concepts, methods, technologies, treatments, services, or preventative interventions proposed in your project and how they will lead to future career objectives. If the candidate is proposing to gain experience in a clinical trial as part of his or her research training, describe the relationship of the proposed research project to the clinical trial. Note that clinical trials themselves will not be supported through this mechanism.* | | | | | | | | |
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| **BUDGET & JUSTIFICATION**  Award budgets are capped at a maximum request of US$4,600 (PI Track) or US$1,400 (PM Track). These direct costs and can include requests for funds to support travel, tuition and fees, institutional allowance, and exchanges. Indirect costs are not allowed. All budgets should be computed in US Dollars ($). There are no word limits for budget justifications. | | | | | | | | |
| **TRAVEL** | | | | | | | | |
| **Purpose of Travel** | **Location  (if known)** | | **Number of Units (e.g., nights of hotel, per diem, flights, etc.)** | | **Cost Per Unit (e.g., hotel cost per night, flight cost, etc.) in US$** | | **Total Cost (US$)** | |
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|  |  | |  | | **TOTAL** | |  | |
| **TRAVEL JUSTIFICATION:** Describe the purpose of proposed travel and how costs were determined: | | | | | | | | |
| **Tuition & Fees for Outside Courses; Institutional Allowances (e.g., IRB costs)** | | | | | | | | |
| **Training Description** | | **Cost (US$)** | | | |
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| **TOTAL** | |  | | | |
| **TUITION, FEES & INSTITUTIONAL ALLOWANCE JUSTIFICATION:** Describe the purpose and how costs were determined: | | | | | | | | |
| **OTHER COSTS** | | | | | | | | |
| **Item Description** | | **Number of Units** | | **Cost Per Unit (US$)** | | **Total Cost (=Number of Units x Cost Per Unit in US$)** | |
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|  | |  | | **Total** | |  | |
| **OTHER COSTS JUSTIFICATION:** | | | | | | | | |
| **CERTIFICATION** | | | | | | | | |
| I certify that the information provided is accurate to the best of my knowledge.  Signature:  Date: | | | | | | | | |