**CRIS Research Programme.** 

**Mentor Acceptance Letter**

**Applicant name**:

**Mentor name**:

**Institution**:

**Call**:

* CRIS Excellence Programme
* CRIS Emerging Leader Programme
* CRIS Translational Physician Programme

Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, with ID nº \_\_\_\_\_\_\_\_\_\_\_\_, as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (position in the institution) in the Hospital/Centre \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (institution name), and Mentor of the applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of the applicant) of the CRIS Research Programme call, aware of the applicant's interest and the proposed research project, I confirm my Acceptance as Mentor to **support** the future development of his/her research activity in the area of the project.

Through this Letter of Acceptance, I confirm my commitment to:

* support the applicant providing him/her with my academic and scientific supervision and guidance for the proposed research project and career.
* support the applicant providing the availability of research time and respecting the schedule of activities related to the development of the research project.
* (Just if the Mentor works in the application’s hosting institution) support the applicant providing him/her with the means available to me for the development of his/her activity as an independent researcher within the institution.
* (Just for CRIS Emerging Leader and Traslational Physician Programmes’ Applicants) support the applicant allowing him/her to appear as first or last author in 75% of the publications resulting from the aforementioned project.
* give permission for the use of my email address for the purpose of disseminating CRIS information and further grant dissemination. In the case I do not allow the use of my email for this purpose, I will expressly communicate this to CRIS cancer through [convocatorias@criscancer.org](mailto:convocatorias@criscancer.org).

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_