**CRIS Out-Back Fellowship.**

**Acceptance Letter. Return Host Institution.**

**Applicant´s name**:

**Return Supervisor´s name:**

**Return Hosting Institution:**

To whom it may concern,

Mr/Mrs. (select) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as Director / Manager / Scientific Director *(select one or specify)* of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Host Institution name)* and known the interest of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (applicant`s name) to develop a fellowship and the commitment of the supervisor, I sign this **acceptance letter as host institution** for the development of the training and research activity of the fellow, **during the Return Phase of the grant (the last one to two years of the grant).**

I support the development of the proposed postgraduate fellowship with the strong commitment of facilitating to the fellow the adequate space for the development of his/her training and research activities in our institution.

The fellow will get the accreditation as full investigator (or equivalent) and access to the standard equipment as any other institution employee.

(*Only for clinical investigators*) The fellow will have not more than 60% of the working hours of clinical practice workload, in order to be able to spend enough time in his/her research project associated with the CRIS Out-Back Fellowship and training activities.

The fellow will have a supervisor in the institution supporting his/her Personalized Career Development Plan and scientific support on the research projects. Supervisor and host institution will allow him/her to sign as first or last author at, at least, 75% of the publications derived from the research project associated with the CRIS Out-Back Fellowship.

Our institution will sign an **agreement** with CRIS Cancer and the Outgoing Host Institution for the duration (**minimum 3 and maximum 5 years**) of the full-time fellowship that will include the rights and responsibilities of each institution and the calendar of the fellowship.

With this acceptance letter I, in my capacity as legal representative of the institution, hereby declare that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*Institution name*) commits itself to participate and contribute to the execution of the CRIS Out-Back Fellowship.

Yours sincerely,

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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