**NATIONAL CENTRE FOR INFECTIOUS DISEASES**

**NCID SHORT TERM FELLOWSHIP**

**APPLICATION FORM FY2024**

The National Centre for Infectious Diseases (NCID) is launching the FY2024 NCID Short-Term Fellowship calls for applications to facilitate collaborative infectious disease (ID) research between healthcare and research institutions in Singapore and beyond. The fellowship will allow successful applicants to:

* Invite potential international collaborators/experts to Singapore for up to **14 days**; or
* Spend up to **14 days** overseas on a research training attachment at a leading ID institution
* **All visits have to be completed within FY2024**.

**Submission**

The application will be reviewed by a committee to assess the suitability and quality of the application and to ensure that the fellowship is in line with facilitating collaborative ID research.

**Aims**

The aims of the NCID Short-Term Fellowship are as follows:

* To equip ID professionals/researchers with skills and experience relevant to their area of research
* To encourage, networking and research collaborations with overseas institutions
* To provide aspiring young researchers valuable opportunities for exposure to a variety of ID research overseas

**Eligibility**

This fellowship is open to ID researchers who have demonstrated current active research in the area of proposed visits (e.g., approved projects, awarded grants, publications)

**The Terms & Conditions of the Award:**

**Applications with visits to, and from countries with travel restrictions1 will not be supported.**

*1Based on* [*MFA*](https://www.mfa.gov.sg/Where-Are-You-Travelling-To) *guidelines.*

**Financial Assistance covers strictly the following:**

*Please provide strong justifications that all other internal avenues of funding are exhausted before seeking assistance to host incoming clinical researchers under the NCID short–term fellowship call. Reimbursement will be made to host institution*.

**Incoming and Outgoing Fellowships: (up to S$10,000 each)**

* Return economy airfare by the most direct route
* 100% overseas daily allowance2
* Travel insurance and/or visa fees
* Withholding tax3 (for incoming visitors only)

*2The allowance is expected to provide sufficient amount for meals (e.g., food, snacks, beverages or drinks etc.), accommodation (e.g., hotel, motel etc.), and for other incidental travel related expenses (e.g., tips, personal effect, foreign exchange fluctuation, transport cost from hotel to conference venue, etc.) not otherwise specifically identified in this document.*

*3It is the responsibility of the Host Institution and Applicant to check and include the budget for withholding tax. Please be informed that Awardees shall not be able to claim for withholding tax if it has not been budgeted during the application stage. Please refer to the* [*IRAS*](https://www.iras.gov.sg/taxes/withholding-tax) *website for more information on withholding tax.*

**Claims**

**Strictly on a reimbursement basis**. The timelines and submission requirements will be made known to successful applicants.

**Attachment Terms**

*The attachment should have clear objectives of fostering research with a goal to assist with applicant’s own research area and not be purely observational in nature.*

Outgoing Fellowship for junior researchers

* **Up to 14 days**
* Applications should include invitation letter/ email from at least one overseas institution, along with a concise and detailed proposal

Incoming Fellowship to host overseas experts

* **Up to 14 days**
* Applications should include invitation letters/email, along with a concise and detailed proposal. As a guide, the attachment can be planned with one primary host and one secondary host.

**Post Visit**

Awardees need to submit a visit report within a month, after the completion of the training attachment and may be invited to present experience of the visit with the ID community in Singapore.

The report should be submitted to the NCID Secretariat, covering the following details:

* Period of visit
* Details of host institution and applicant’s mentor(s)
* Objectives and scope of the visit
* Description of the activities undertaken
* How the visit has benefitted the applicant and applicant’s department
* Any other comments

**Application and Closing Date**

Interested applicants must complete the ‘NCID Short Term Fellowship Application Form FY2024’. Please **email** **1 endorsed PDF;** with signatures and supporting documents (e.g.) quotations and **1 softcopy** in **WORD format** **through** your Host Institution’s Research Office to the **Secretariat, National Infectious Disease Research Coordinating Office at** [**rco\_grants@ncid.sg**](mailto:rco_grants@ncid.sg) **by 6pm, Friday 29 March 2024.**

*Declare as appropriate*

**Outgoing Fellowship: Local Applicant**

| **Full Name** | **Designation** | **Position** | **Department** | **Institution** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

**Incoming Fellowship: Overseas Expert**

| **Full Name** | **Designation** | **Position** | **Department** | **Institution** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

**2A.** **Outgoing Fellowship**

**Local Applicant CV brief**

* Name
* Office Mailing Address
* Email
* Contact Number
* Current Position
* Academic Qualification
* Publications (list TOP 10)

**Host Details**

| **Full Name** | **Designation** | **Position** | **Department** | **Institution** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

**2B.** **Incoming Fellowship**

**Overseas Expert CV brief**

* Name
* Office Mailing Address
* Email
* Contact Number
* Current Position
* Academic Qualification
* Publications (list TOP 10)

**Host Details**

| **Full Name** | **Designation** | **Position** | **Department** | **Institution** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |

**3. Visit Brief**

|  |  |  |  |
| --- | --- | --- | --- |
| **3.1 Period of support requested:** | \_\_\_\_ days  (*Up to max 14 days)* | | |
| **3.2 Proposed start date *(dd/mm/yy):*** |  | **Duration (days):** |  |
| **3.3 Total budget request:** | (*Up to max of S$10,000)* | | |

**3.4 Visit Research & Training Plan (maximum 2 pages)**

|  |
| --- |
| Please provide the following details for your research proposal (please limit to one page in A4 size)  Specific aims: |

**4. Invitation Letter**

*Fund disbursement is subjected to providing this documentation*

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  | | |
| * 1. Nature of Fellowship | **Incoming Fellowship** | **Outgoing Fellowship** |

**5. Budget**

**Total amount:** S$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (up to a maximum of S$10,000)

**5.1 Budget Breakdown** *(Expenses cover strictly the following)*

|  |  |  |
| --- | --- | --- |
| **Expense Category** | **Item Description** | **Cost** |
| Return economy airfare by the most direct route |  |  |
| 100% overseas daily allowance1 |  |  |
| Travel insurance and/or visa fees |  |  |
| Withholding tax2 (for incoming visitors only) |  |  |
|  | **Grand Total** |  |

**5.2 Justifications** (*include quotations as supporting documents*)

|  |
| --- |
| Return economy airfare by the most direct route |
| 100% overseas daily allowance1 |
| Travel insurance and/or visa fees |
| Withholding tax2 (for incoming visitors only) |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*1 The allowance is expected to provide sufficient amount for meals (e.g., food, snacks, beverages or drinks etc.), accommodation (e.g., hotel, motel etc.), and for other incidental travel related expenses (e.g., tips, personal effect, foreign exchange fluctuation, transport cost from hotel to conference venue, etc.) not otherwise specifically identified in this document.*

*2 It is the responsibility of the Host Institution and Applicant to check and include the budget for withholding tax. Please be informed that Awardees shall not be able to claim for withholding tax if it has not been budgeted during the application stage. Please refer to the* [*IRAS*](https://www.iras.gov.sg/taxes/withholding-tax) *website for more information on withholding tax.*

**6. Signatories**

* **Outgoing** Fellowship: to be signed by Local Applicant
* **Incoming** Fellowship: to be signed by Local Host Primary Institution

*The undersigned agree to abide by the terms and conditions governing the award of the NCID STF:*

* I declare that all information is accurate and true
* I agree that I will not send similar versions or part(s) of this proposal to other agencies for funding
* I agree that funding by the National Centre for Infectious Diseases (NCID) will be acknowledged in all publications resulting directly from the fellowship and in all talks or presentations during the fellowship
* I declare that there is no financial conflict of interest

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name & Signature: | | Date: |

**7. Departmental Support**

In signing the NCID-STF Application, the department UNDERTAKES, to:

* Confirm the accuracy and completeness of information submitted, including budget, etc.
* Confirm that budget is clear and that the training fellowship either outgoing or incoming is aligned with the HR and other relevant policies of the host institution.

Head of Department (or designated officer)

|  |  |  |
| --- | --- | --- |
| Please tick one | **Supported** | **Not Supported** |

*Comments:*

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name, Designation & Signature: | | Date: |

**8. Institutional support**

In signing the NCID-STF Application, the Institution UNDERTAKES, on any Fellowship Award, to:

* The applicant is independently salaried by the institution for the entire period of the fellowship for outgoing fellowships and that basic facilities will be provided for all incoming fellows
* The research abides by all laws, rules and regulations pertaining to national and the institution's operating procedures and guidelines
* Confirm the accuracy and completeness of information submitted, including budget, etc.
* Confirm that budget is clear and that the training fellowship either outgoing or incoming is aligned with the HR and other relevant policies of the host institution

Research Director (or designated officer in capacity of providing institutional support):

|  |  |  |
| --- | --- | --- |
| Please tick one | **Supported** | **Not Supported** |

*Comments:*

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name, Designation & Signature: | | Date: |