**Guardians of Science: A Research Security Study Tour with Harvard University**

**Application Form**

Only applications completed in English will be considered. Please provide clear, typed answers to all questions.

I. General Information

**CONTACT INFORMATION** (as it appears on your passport)

|  |  |  |
| --- | --- | --- |
| First Name  | Middle Name  | Last Name  |
|   |   |    |

|  |  |  |  |
| --- | --- | --- | --- |
| Home Address  | City  | State  | Zip  |
|   |   |   |   |

|  |  |
| --- | --- |
| Telephone Number  |   |
| Secondary Telephone Number  |   |
| Primary Email Address  |   |
| Secondary Email Address  |   |
| Date of Birth (Month/Date/Year) |   |
| Country of Birth |   |
| Country of Citizenship |  |
| Country of Legal Permanent Residence (if applicable) |  |

**PROFESSIONAL EXPERIENCE**

|  |  |  |
| --- | --- | --- |
| Current Job Title  | Institution  | Department  |
|   |   |   |
| Brief description on your role and responsibilities |  |

**PASSPORT AND TRAVEL INFORMATION**

|  |  |
| --- | --- |
| Do you have a valid passport?  | ​​☐​ Yes  ​☐​ No   |
| Passport Expiration Date  |   |
| Do you have a valid US visa?  |  ​​☐​ Yes  ​☐​ No   |
| If you have a valid US visa, for how long is it valid? (Month/Date/Year) |  |

II. Education

List all university education beginning with most recent. Please add additional lines as needed.

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| --- | --- | --- | --- |
| Institute or University  | Major Field of Study  | Degree  | Date Received  |
|   |   |   |   |
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II. Professional Reference

Please list at least one professional or educational reference from your institution who will provide a letter of support with your application package.

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| --- | --- | --- | --- | --- | --- |
| Name  | Organization  | Title  | Email address  | Telephone number  | Relationship  |
|   |   |   |   |   |   |
|   |   |   |   |   |   |

IV. Statement

Please use the section below to describe what you hope to achieve from this study tour. Describe the procedures you are interested in learning, relevance to your current work and how this study tour can benefit your future research and activities at your site.

1. Why should you be selected to attend this study tour at Harvard University?
2. What does research security mean to you? Does your institution have research/IP security practices?
3. How is your work and your institution's work relevant to the objectives of this study tour?
4. How have your past experiences prepared you for this opportunity?

\*Should not exceed 400 words.

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Expected Outcome

In no more than 400 words please address the following question:

1. How will the study tour enhance your organization’s ability to comply with best practices in research security?

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In no more than 400 words for each question, please address your methodology for incorporating the training received at the study tour to develop, organize, and implement institution and regional trainings:

1. How will you sustainably integrate the lessons learned from the study tour to your home institution through the institutional training event? Please outline the steps you intend to take to implement them.
2. Briefly describe the proposed agenda/structure you would incorporate for the institutional training and the type of participants you would engage for the institutional training. Please outline the steps you would take to conduct outreach and secure their participation.
3. How will you sustainably integrate the lessons learned from the study tour on a regional level, in collaboration with other selected grantees in your region? Please outline the steps you intend to take to implement them.
4. Briefly describe the proposed agenda/structure for the regional event and the type of participants you would engage. Please outline the steps you would take to conduct outreach and secure their participation.

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**ADDITIONAL INFORMATION**

Please use this section to include any additional information you would like to share that was not captured above.

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**Certification:**

I testify that the information submitted in this application is complete and accurate. I understand that providing false information on this application may disqualify me from participation in the study tour program. If selected, I agree to comply with all program rules.

The selected participant will receive the following support from CRDF Global

1. Stipend for event expenses, including venue, catering, ground transportation, and incidental expenses.

By participating in the Study Tour Program:

I understand and acknowledge that the program support is limited to the financial transactions itemized above and is contingent upon my successful participation in the Study Tour Program. I understand that if I do not complete the program, I may be required to return a prorated stipend amount to CRDF Global and may be required to reimburse CRDF Global for any additional travel expenses incurred because of my early departure.

I understand and acknowledge that CRDF Global will obtain emergency medical insurance on my behalf and will make payment directly to the provider. However, this insurance is to be utilized only for emergency situations and not for routine medical care or treatment, including for any pre-existing medical or dental condition. I further understand that I may be required to pay all deductibles and other health-related expenses not covered by the insurance.

Electronic signature:

Date: