Form-1

Joint Application Form: Interstellar Initiative Beyond

Title of Cooperative Research Project

（Please fill in.）

General Description of Cooperative Research Project

* Not to exceed 2000 words (not including figures and references).
* Maximum of 10 pages
* Include a brief description of your research question, hypothesis, specific aims, proposed experiments and methods, potential problems/alternative approaches, expected outcomes (e.g. new understanding derived), each members’ role in the research project, the uniqueness of the project among existing research, and the synergistic advantages of the joint research activity (including how the team members complement each other, and expected added value from the proposed joint project).
* Figures can be included but are not required.

（Please fill in.）

Intended submission to international grant opportunities

Interstellar Initiative Beyond requires that teams further develop their research proposals for application to larger grants offered for international, multidisciplinary team research. Select all the international grant opportunities to which your team intends to apply, from among the following (select all that apply):

* Human Frontier Science Program (HFSP)
* European Research Council (ERC) Synergy Grants
* Cancer Grand Challenges (CRUK-NCI)
* Velux Stiftung Foundation (VSF) Research Grant
* American Brain Tumor Association (ABTA) Research Collaboration Grants
* Other grant(s) (*please specify:* )

Form-2

**Member list**

Your team must consist of between a minimum of 2 and a maximum of 4 members.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Name  (first name-last name) | Title | | Affiliation | | Country / location | |
| 1 |  | |  | |  | | Japan | |
| 2 |  | |  | |  | |  | |
| 3 |  | |  | |  | |  | |
| 4 |  | |  | |  | |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name  (first name-last name) | Background\* | | Short description (one sentence or less) of your Specialism/Area of Expertise  (e.g. tumor microenvironment, machine learning, neuroblastoma) |
| 1 | Copy from the first table | |  |  | |
| 2 | Copy from the first table | |  |  | |
| 3 | Copy from the first table | |  |  | |
| 4 | Copy from the first table | |  |  | |

\*Please indicate which of the following describes their background and expertise, from the following five disciplines:

1. Clinical Research (e.g. physician scientists, others with translational interests)
2. Life Sciences (e.g. biomedical scientists)
3. Physical Sciences (e.g. physicists, chemists, mathematicians)
4. Technology (e.g. engineers, computer scientists)
5. Allied Health (e.g. epidemiologists, nutritionists, nurses, behavioral scientists)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name  (first name-last name) | The year you participated in the Interstellar Initiative | | Title of your previous R&D project in the Interstellar Initiative |
| 1 | Copy from the first table | |  |  | |
| 2 | Copy from the first table | |  |  | |
| 3 | Copy from the first table | |  |  | |
| 4 | Copy from the first table | |  |  | |

Form-3

**1st Researcher’s information**

(If the team consists of more than two members, please create additional pages)

|  |  |  |  |
| --- | --- | --- | --- |
| Given Name |  | Family Name |  |
| Organization |  | Department |  |
| Division |  | Title/Position |  |
| Telephone No. |  | Email |  |
| Mailing Address |  | | |

* **Highest Degree**

**Select all that apply □ PhD □ MD □ DPhil □ DDS □ DVM □ Other**

(please specify)

* **Relevant Education and Employment History**

Please list in reverse chronological order in the following format: Year-Year, Position, Institution

* **List of Honors/Awards**

Please list in reverse chronological order in the following format: Year, Awarding Organization, Name of Award

* **List of Grants/Funding**

Please list in reverse chronological order in the following format: Year-Year, Funding Organization, Name of Award/Project, Role (PI, co-PI, Senior/Key Personnel)

* **Key publications – List five of your most relevant peer-reviewed publications**
* **Please provide a link to your lab or other professional website**

Form-3

**2nd Researcher’s information**

(If the team consists of more than two members, please create additional pages)

|  |  |  |  |
| --- | --- | --- | --- |
| Given Name |  | Family Name |  |
| Organization |  | Department |  |
| Division |  | Title/Position |  |
| Telephone No. |  | Email |  |
| Mailing Address |  | | |

* **Highest Degree**

**Select all that apply □ PhD □ MD □ DPhil □ DDS □ DVM □ Other**

(please specify)

* **Relevant Education and Employment History**

Please list in reverse chronological order in the following format: Year-Year, Position, Institution

* **List of Honors/Awards**

Please list in reverse chronological order in the following format: Year, Awarding Organization, Name of Award

* **List of Grants/Funding**

Please list in reverse chronological order in the following format: Year-Year, Funding Organization, Name of Award/Project, Role (PI, co-PI, Senior/Key Personnel)

* **Key publications – List five of your most relevant peer-reviewed publications**
* **Please provide a link to your lab or other professional website**