



Organization for Women in Science for the Developing World (OWSD)

ICTP Campus - Strada Costiera 11 - 34151 Trieste - Italy

Phone: +39 040 22 40 325/492 - Fax: +39 040 22 40 689 - E-mail: earlycareer@owsd.net - Web: www.owsd.net

OWSD Early Career Fellowship

SUPPORTING STATEMENT OF HEAD OF APPLICANT'S INSTITUTION

Applicant's Name: _____

Institution: _____

As the undersigned Head of this Institution, I fully support and approve this application for a two-year OWSD Early Career Fellowship and commit to facilitating its implementation, if awarded.

I confirm that the applicant is currently employed at this Institution with a sufficient salary to cover living expenses and that she will continue to be employed at this Institution for the duration of the fellowship.

I confirm that the Institution hereby commits to provide the requested personnel, buildings, equipment and financial resources as specified in this application (e.g. appropriate office space to undertake the research; appropriate laboratory space to accommodate equipment; appropriate space to hold meetings with small groups; logistical, financial, administrative support).

I confirm that in recognition of the importance to capacity building of this fellowship, the Institution agrees that no administrative costs will be levied by the Institution from the transferred funds.

I confirm that the Institution is able to receive and disburse the fellowship funds to the project leader in a timely manner for use only as specified in this application.

I confirm that the Institution will cooperate on preventing fraud, corruption, favoritism and backlash in relation to the implementation of the fellowship and take steps to ensure that such risks are minimized.

I confirm that the Institution hereby commits to facilitate and implement the reduction of the applicants' teaching and/or administrative load when necessary in order that the applicant can undertake the tasks specified in this application.

In addition, I confirm that the Institution agrees, when possible, to introduce activities and/or procedures which in the long term will contribute to improving the status and experience of women employed at, or attending the Institution.

Finally, I confirm that the Institution agrees to comply with the Terms and Conditions that apply to the fellowship grants, if awarded.

Printed name and title: _____

Place and date: _____

Signature: _____