**CRIS Research Programme.**

**Mentor Acceptance Letter**

**Applicant name**:

**Mentor name**:

**Institution**:

**Call**:

* CRIS Excellence Programme
* CRIS Emerging Leader Programme
* CRIS Translational Physician Programme

Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, with ID nº \_\_\_\_\_\_\_\_\_\_\_\_, as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (position in the institution) in the Hospital/Centre \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (institution name), and Mentor of the applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of the applicant) of the CRIS Research Programme call, aware of the applicant's interest and the proposed research project, I confirm my Acceptance as Mentor to **support** the future development of his/her research activity in the area of the project.

Through this Letter of Acceptance, I confirm my commitment to:

* support the applicant providing him/her with my academic and scientific supervision and guidance for the proposed research project and career.
* (Just if the applicant is hierarchically dependent on the mentor) support the applicant providing the availability of research time and respecting the schedule of activities related to the development of the research project.
* (Just if the applicant is hierarchically dependent on the mentor) support the applicant providing him/her with the means available to me for the development of his/her activity as an independent researcher within the institution.
* (Just if the applicant is hierarchically dependent on the mentor) support the applicant allowing him/her to appear as first or last author in 75% of the publications resulting from the aforementioned project.
* give permission for the use of my email address for the purpose of disseminating CRIS information and further grant dissemination. In the case I do not allow the use of my email for this purpose, I will expressly communicate this to CRIS cancer through [convocatorias@criscancer.org](mailto:convocatorias@criscancer.org).

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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