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|  **ROTHSCHILD FELLOWSHIPS FOR PHYSICIAN-RESEARCHERS –** **2025/2026****Application Form** |

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| 1. **PERSONAL INFORMATION**
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| 1. Name (both in English and Hebrew)
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| 1. ID number
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| 1. Current address
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| 1. Mobile phone number
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| 1. E-mail address
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| 1. Present appointment and place of employment
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| 1. **ACADEMIC CAREER**
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| 1. Secondary (High) school (name and location)
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| 1. Academic studies and university degrees. If degrees were conferred with honours, please indicate.
 | *Year – Degree - University*  |
| 1. Academic awards and distinctions
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| 1. Title of PhD dissertation and

**name of supervisor**  |  |
| 1. Submission/approval of PhD thesis (month/year); if not yet submitted, please provide anticipated date
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| 1. Please provide a summary of your dissertation (up to 450 words)
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| 1. If you don’t have a PhD, please elaborate on your research experience and your main research project to date, including the field and the framework in which you carried out your research. (up to 450 words)
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| 1. Clinical Field
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| 1. Periods of academic study and research outside Israel; please provide date, location, and field of study.
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| 1. **PLANNED STUDY AND RESEARCH ABROAD[[1]](#footnote-2)**
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| 1. Institution(s) abroad where you intend to conduct your studies/research.

List institutions to which you have applied and provide acceptance letters if available. |  |
| 1. When do you plan to begin your research abroad?
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| 1. Period of proposed research or study
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| 1. Please provide a summary of your present research, if different from questions 12-13 (up to 400 words).
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| 1. Please describe your planned research activities for your postdoctoral studies (up to 650 words).
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| 1. Explain the reasons for your choice of country, institution and academic supervisor abroad, and the connection, if any, with your present and planned future work (up to 130 words).
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| 1. Please describe what you hope to have achieved at the conclusion of your research period abroad (up to 130 words).
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| 1. **FINANCIAL INFORMATION**
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| 27. Do you expect to receive a salary, partial salary, scholarship, fellowship, grant, sabbatical allowance, study allowance or any other payment from any source, including your present university / hospital, host university or another source during the proposed period abroad? If so, please provide details of any such allowances. |  |
| 28. You are highly encouraged to apply for a fellowship, scholarship or grant from another institution. Please indicate to which fellowships, if any, you have applied.  |  |
| 1. **OTHER INFORMATION**
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| 29. Please include here any additional information you would like the selection committee to consider.  |
| 1. **REFEREES**
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| 30. State the name and affiliation of the people who have agreed to write letters of evaluation. Please indicate your relationship to them. **Your supervisor(s) should be listed first.** | 1. Name – Affiliation – relationship
2.
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[ ]  I have read the Notes to Candidates in their entirety, confirm that I shall adhere to the stipulations contained in the document and agree to provide any further information which the Rothschild Fellowships Committee may deem necessary to evaluate my candidacy (**please check the box to indicate your agreement**).

1. Please take into consideration that the Committee Members come from a variety of disciplines, and it is important that you write in a language accessible to non-specialists. [↑](#footnote-ref-2)