



# Lorentz Center Workshop:

# Connecting people to reverse vaccine hyporesponsiveness

|  |
| --- |
| **APPLICANT CONTACT DETAILS**  |

|  |  |
| --- | --- |
| Name |  |
|  |
| Address |  |
| Phone |  |  | E-mail |  |

|  |  |
| --- | --- |
| ORCID Number (*if available)* |  |

|  |
| --- |
| **education and employment details**  |

|  |  |
| --- | --- |
| **Nationality:** |  |
|  |

|  |
| --- |
| **Education:*****List your academic degrees from most recent to first***  |
|  |
| Date Received  | Degree | Subject | University/Institution |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **Work Experience****Current employment:** |
| Position (Title) |  |
| Name of Employer |  |
| Date of appointment:  |  |

|  |  |
| --- | --- |
| **Previous employment:**  |  |
|  |
| Dates employed (Month and year) | Position | Employer name  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
|  |
| **Research Experience:** *Please describe your research career to date, including any projects undertaken as part of a degree, or as part of your previous work; also mention any prizes, or special achievements at undergraduate or post-graduate level* ***(maximum 500 words****).* |
|  |

|  |
| --- |
| **Publications:** Please list any publications. Please give the full citation including all authors, the title of paper and journal in which it was published. Submitted manuscripts can be included  |
|  |

|  |
| --- |
| **Hypovax Workshop** |

|  |
| --- |
| **How will attendance at this workshop help your research career?:** *Please describe why you wish to attend the HypoVax workshop and how this will help your career (****maximum 300 words****).* |
|  |

|  |
| --- |
| **Referee:** Please provide the names and contact details of two referees who we could contact.  *No reference letters are required* |
|  |  |  |
| Referee 1 | Name: |  |
|  | Position: |  |
|  | Institution: |  |
|  | Telephone number: |  |
|  | E-mail address: |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Referee 2 | Name: |  |
|  | Position: |  |
|  | Institution: |  |
|  | Telephone number: |  |
|  | E-mail address: |  |
|  |  |  |

Please send the completed form, together with your curriculum vitae / resume, by e-mail to hypovaxglobal@lumc.nl by 15 November 2023.

In the email subject line please use “Early-career application for Lorentz Workshop”

If your application is successful, please note that HypoVax Global will cover accommodation and meals for the duration of the workshop. Travel costs will not be covered.