**Gustave Roussy Foundation - CRIS cancer Foundation Clinical Scientist Emerging Leader Programme.**

**Gustave Roussy Institute Acceptance Letter.**

**Applicant name**:

**Institution**: Gustave Roussy Institute

Mr./Mrs./Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, with ID nº \_\_\_\_\_\_\_\_, as Managing / Medical / Research Director (select position) of the Gustave Roussy Institute (GRI), aware of the applicant's interest and the proposed research project, I provide the Letter of Acceptance of the GRI for the future development of his/her research activity in our institution.

We fully support the development of the proposed research and there is a firm commitment to provide the researcher with the appropriate and necessary spaces for the development of his/her activity as an independent researcher within our institution, as well as to provide the standard work equipment as any other employee of the institution.

The applicant will have an employment contract with GRI as a doctor/researcher forming part of the staff of our hospital, with a salary in accordance with the salary tables and remuneration policy of the center, and in accordance with the duration and remuneration described in the terms and conditions of the *GRF-CRIS Clinical Scientist Emerging Leader Programme* call for applications.

The applicant will be released from at least 50% of his/her hospital care duties in order to be able to devote the research time to the project presented in the *GRF-CRIS Clinical Scientist Emerging Leader Programme* call.

The applicant will have research independence within the organization, and with functional dependence on the governing body of the institution.

By means of this Letter of Acceptance, I confirm my commitment to join GRI in the event of obtaining funding from the *GRF-CRIS Clinical Scientist Emerging Leader Programme* and in accordance with the terms and conditions described in the terms and conditions of the call for applications.

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

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