



ISTA
Seed Quality Assurance

ISTA Secretariat

Address: Richtiring 32, 8304 Wallisellen
Post Address: Richtiarkade 18, 8304 Wallisellen
Switzerland

Young@ISTA Project funding

The ECOM decided to create a special project to support the idea of Young@ISTA.

In a context of the Project ISTA will provide:

- One-time direct financial support in the ISTA lab-to-lab training.
- The number of young @ ISTA supported financially will not usually exceed 5 individuals per year.
- Costs covered by Young ISTA may include only:
 - Accommodation
 - Travel (most economical mode of travel).
- Any additional costs will not be reimbursed



Application for funding Lab-to-Lab training

Application can be submitted only by an ISTA member or ISTA Member Laboratory staff or national laboratory intending to become an ISTA accredited laboratory.

Justification must be given on why the training is necessary.

Application must be accepted by the hosting laboratory (ISTA accredited laboratory) and preliminary training plan should be provided.

Minimum duration of training: usually 2 weeks (may be less depending on training requirement).

Please note: The funding is limited to a maximum of 5 people from different organisations and a maximum of 10'000 CHF per year.

To apply for funding **please complete the following required fields:**

Applicant Details (Curriculum Vitae is required)

Title

Family Name

Given Name

Position

E-mail

Company/Employer
Name

Address

Country

Technical duties/
research
performed

1. I would like to have training in area of *(please specify)*:



2. Please specify the ISTA laboratory (country/ISTA Membership code) where you would like to have a training:

3. Please enclose a **document with justification** why this training is necessary. Including how it will benefit your career development within the seed sector and enable you to contribute to ISTA into the future.

4. Please enclose a **curriculum vitae**, preliminary **training programme** and **estimated total costs**. (*ISTA will only fund a part of these costs*).

5. Please choose:

as employer/supervisor of the applicant, I confirm to bear the residual amount required to take part in the above training.

Name of the Employer/Supervisor

Position

Place and Date

Signature

as applicant i will pay the residual amount myself.

6. Application must be accepted by the hosting laboratory (ISTA accredited)

Name of the Laboratory Representative

Position

Place and Date

Signature

7. Application must be accepted by the employer/supervisor of the applicant

Name

Position

Place and Date

Signature

Please send back this form and your curriculum vitae to the ISTA Secretariat by email: ista.office@ista.ch

Place and Date

Applicant Signature