

Assessment of Post-doc employed at SLSO/ Center for Psychiatry Research

Applicant (Mentor):

Name	E-mail
Phone number	Name of research group at KI, including department
Employer SLL KI <input type="checkbox"/> Private clinic Name of Clinic:	Academic title Dr Docent Professor Clinical Position
Employment type Permanent Limited time, from: until: Address	

Post-doc information: Employment plan during post-doc time

Name of post-doc being considered		
Clinical	%	
Name of clinic		
Position at Clinic	Type of Employment	Period of Employment
Summary of employment plan during post-doc time: Research % and % Clinic		

Mentor Experience:

Number of post-doc you are <u>presently</u> mentoring:	
List of post-doc you presently are the mentor for:	
Name	% mentor time

Total number of post-doc you have been mentoring:

Full time post-doc, to be employed at CPF-SLSO
If yes, please fill in the motivation in the next box

Motivation to employ full time post-doc at CPF:

Current/Planned financial resources:

Sources of financing	Sum	Period

Suggested salary for the post-doc:

Motivation for suggested salary:

Signature - Applicant

- I can provide good mentorship to the post-doc
- There is a plausible financing plan to cover the cost of the post-doc
- There is a plausible motivation for employment

Date

Signature applicant

E-mail the signed application to: nitya.jayaram@ki.se

Director of CPF – Assessment of conditions for recruitment

Commentary:	
Date	Signature

Human Resource and Finance - Assessment of financial plan and employment

Commentary:	
Date	Signature

Decision- Director of CPF

<input type="checkbox"/> Provisionally approved and can sent to KI
<input type="checkbox"/> Sent back to Supervisor (due to following reason(s), comment below:

Date	Signature
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