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| **Researchers at Risk Fellowship 2024**  *Final Report on Results and Outputs of the Researchers at Risk Fellowship (RISK Programme)* | | | |
| **CAS registration number:** | AV CR xxxx/2024 OMS | | |
| **Researcher’s full name:** |  | | |
| **Category of researcher:** | Choose Category of Researcher | | |
| **Receiving CAS Institute:** | Choose a CAS Institute | | |
| **Supervisor’s full name:** |  | | |
|  | |  |  |
| **Estimated duration of the project/activities stated at the Application form:** | From: *Click and pick the date* To: *Click and pick the date* | | |
| **Actual duration of the project/activities:** | From: *Click and pick the date* To: *Click and pick the date* | | |
| **In case of earlier termination of the Fellowship, please describe details that led to ending the Fellowship earlier:** |  | | |
| **Specification of the amount of the researcher’s working time incl. its change during the Fellowship (e.g. 1; 0,5):** |  | | |
| **Required personal costs stated at the Application form:** |  | | |
| **Actual personal costs provided by the CAS grant:** | *2024* | *2025* | *2026* |
|  |  |  |

**OVERVIEW OF REALIZED FELLOWSHIP**

**Please describe research project/activities that the researcher realized incl. results she/he achieved during her/his involvement at the CAS Institute.**

*(max. 1000 words)*

**ADDED VALUE OF COOPERATION WITH THE RESEARCHER**

**Are you considering continuing the cooperation with the researcher in the future?**

Yes  No

Please provide us with more details in either case. If yes, please indicate the sources of funding (e.g. grant, fellowship)

*(max. 250 words)*

**SIGNATURE OF THE CAS INSTITUT DIRECTOR**

|  |  |
| --- | --- |
| **Director’s full name incl. degree(s):** |  |
| **CAS Institute:** | *Choose a CAS Institute* |
|  | |
| **Date of the signature:** |  |
| **Signature of the CAS Institute Director:** |  |