# APH Strategic Research Call 2026-2026 Attachment F APH Extension arrangement form

If you wish to make use of the APH Extension arrangement, please complete this form in English and enclose it with your submission. All documents must be submitted in PDF format by email to [aph@amsterdamumc.nl](mailto:aph@amsterdamumc.nl) no later than Friday **October 31st, 2025, 12:00 hrs***.*

To apply for the APH Postdoc fellowship, you must have defended your PhD dissertation within 8 years before the deadline of this call; October 31st, 2017. If your PhD defense has taken place more than 8 years ago as of the deadline of this call, it is possible to extend this 8-year eligibility period by up to a maximum of 5 additional years. This extension applies only in case of the following rules and eligible situations:

General rules

* Extensions can only be granted for situations that began in or after the date of your PhD defense.
* The total maximum extension period allowed is 5 years.
* Extensions are calculated in full months, rather than in exact days.

Eligible situations for extension

1. Pregnancy, parenthood, and care for children (including biological mothers, fathers, and other parents with a child living in their household).
2. Care leave for family members, defined as a period during which you provided significant care or support to a close family member (such as a partner, parent, child, or other household member) with a serious health condition or disability, requiring your active involvement.
3. Illness, defined as serious or chronic conditions that significantly impact your ability to work or conduct research. Common short-term illnesses, such as a cold or minor infections, do not qualify.

If any of these situations apply to you, please complete and submit the APH Extension arrangement form along with your application.

|  |  |
| --- | --- |
| **APH Extension arrangement form** | |
| **Name candidate** |  |
| **Data of PhD defense** |  |
| **Reason for extension** | Pregnancy, parenthood, care for children  Care leave for family  Illness |
| **Pregnancy, parenthood, care for children** (if applicable) | Number of children of whom the applicant has become a parent/needs to take care of: \_\_\_\_\_  What applies?  18 months for each child (for biological mother)  6 months for each child (for other parent) |
| **Care leave** (if applicable) | How many months in total was the care leave? |
| **Illness** (if applicable) | How many months in total was sick leave? |
| **Total number of months of extension** |  |
| **Additional remarks** |  |
| **Form completed truthfully?** | Yes |
| **Applicant** | Name: |
| Date: |
| Signature: |