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| --- | --- |
| To be completed by the applicant | |
| Applicant name: | Click here to add your name |
| EAACI JM membership number: | Click here to add JM membership number |
| Name of home supervisor: | Click here to add name of home supervisor |
| Name and country of home institution: | Click here to add name and country of **home** institution |

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| --- | --- |
| Fellowship Information | |
| Title of proposed project: Click here to add title of proposed project | |
| Length of Fellowship – please indicate your preference below | |
|  | Long-term (6 months) |
|  | Short-term (3 months) |

|  |  |  |  |
| --- | --- | --- | --- |
| Proposed start and finish dates | | | |
| Start Date: | Click here and choose or enter date here | **End Date:** | Click here and choose or enter date here |

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| To be completed by the host supervisor | | |
| Will the applicant receive any income (salaries, fellowships, travel grants, etc.) from the home institution during the period of the proposed fellowship? | | |
|  | No | |
|  | Yes | Click here to give details |

* I authorise the candidate to leave their home institution during the planned project period and that he/she is released from any laboratory and clinical duties in this period.
* If the application is successful, I hereby declare that he/she will have the possibility to return to the home institution at the end of the fellowship.
* I confirm the relevance of the project and support the proposed work.
* I attest that the proficiency of the candidate in the working language at the proposed host institution is sufficient.
* The EAACI fellowships provide the recipient with a subsistence allowance to cover the fellow’s living costs and travelling expenses to the host institution. The fellow is not, therefore, an employee of EAACI, and hence EAACI does not accept liability for their actions, health, safety or research expenditures.
* I am aware that preference will be given to home supervisors who are members of EAACI, or already applied for EAACI membership, at the time of application.
* I certify that the foregoing statements are true and completed to the best of my knowledge.
* I understand that any false statement is sufficient cause for rejection of this application or for cancellation of a fellowship already awarded.

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| --- | --- | --- | --- |
| Date: | Click here and choose or enter date here | Signature of home supervisor: |  |

* **Please sign and return this form to the applicant**